STRY
1951

Oral Hygiene

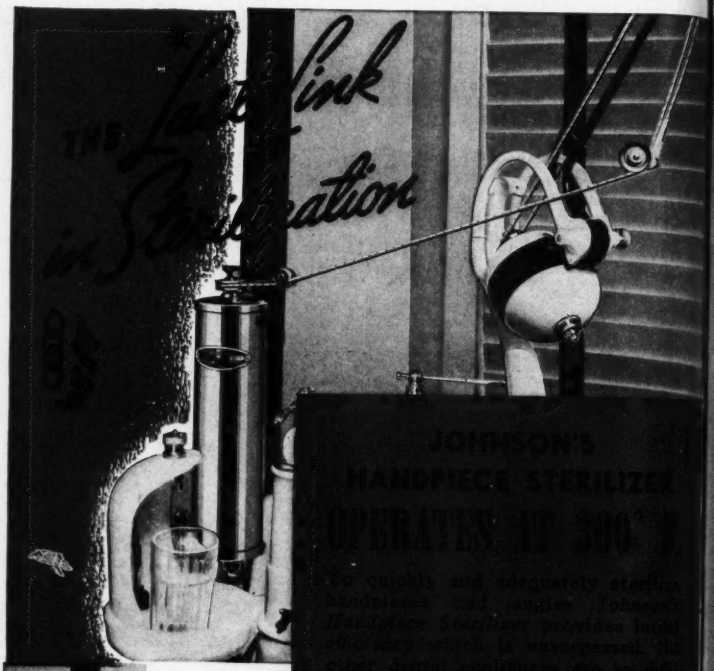
DECEMBER 1951



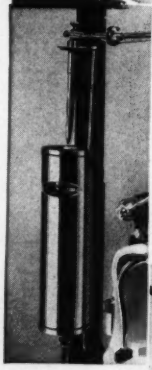
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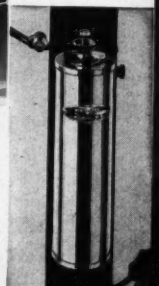
In this issue: *You're Asking For Trouble!*

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Attached
to
Unit
←

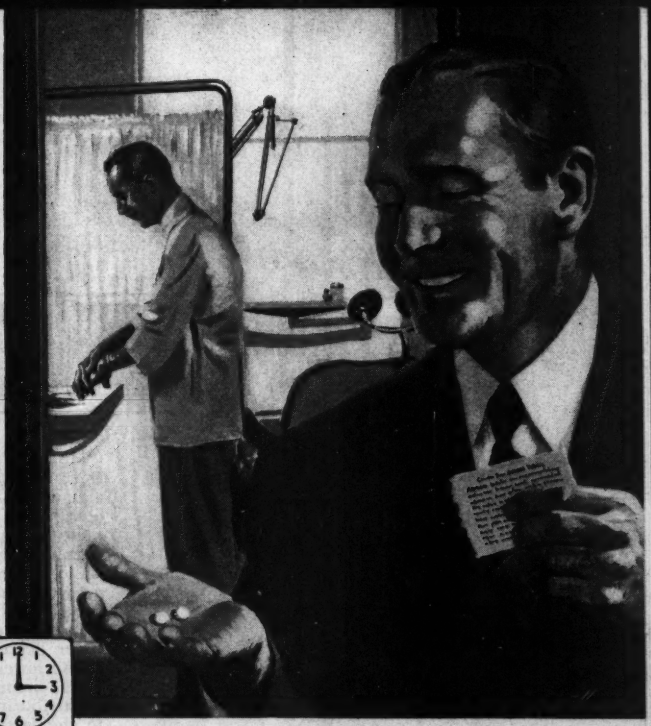




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RECENT DEVELOPMENTS IN AMMONIATED RESEARCH

One of a special series of reports presenting recently published research data on the caries-inhibiting role of a high-urea ammoniated dentifrice formula

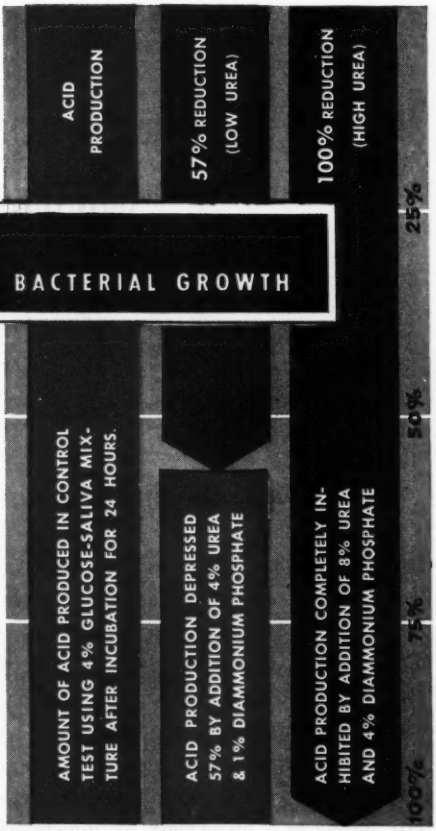
HIGH-UREA AMMONI... INH...

In studying the effects of urea ... ammonium phosphate on the ... of salivary bacteria in gluco... mixtures, Jenkins and Wright[1] ... that high concentrations of the ... stances completely inhibit ... growth and acid production ... *complete* inhibition of acid pro... by a high concentration–a... *lesser* degree of inhibition re... from a lower concentration–are ... in the accompanying chart.

Attributing this inhibition ... to the fact that high concen... raise the pH to a level that i... bacterial growth, the invest... found further that this inhibi... tion applies against salivary ... in general, not merely against ... producing forms. They state: ... not doubt that for some time a... use of a dentifrice containing a... mately 20 per cent urea and 5 ... dibasic ammonium phosphate, ... of the mouth and probably ... plaque remains alkaline, acid ... tion is depressed, and many or... are destroyed."

Similarly, in another study o... hibitory effect of urea and di... nium phosphate on the growth ... strain of Lactobacillus acido... Pearlman and Hill[2] conclude t... peated use of potentially alka... agents in the mouth might eve... result in changing the oral flora...

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ENTRATION
PRODUCTION AND BACTERIAL GROWTH

...inantly non-aciduric forms."
...earlier report[3] in this series has
...that the pH of the tooth surface
...is alkaline for more than two
...after use of a high-urea ammo-
...formula, probably because of
...ion of the active ingredients
...th the enamel into the protein
...and subsequent diffusion back
...surface.
...ther report[4] has described the
...eduction in incidence of dental
...at the end of the first year of a
...ar controlled study of a group
...e-school children, using the
...i-dent formula. A subsequent re-
...will review a study showing the
...tion of caries incidence in a
...of school-age children, using the
...i-dent formula.
...encouraging findings on the
...al and bacteriological actions,
...inical results, of the high-urea
...niated dentifrice formula consti-
...umulative evidence of the prog-
...eing made toward a practical
...d of dental caries prophylaxis.
...findings thus indicate the value
...formula to the dental profes-
...a means of lowering the inci-
...of dental caries among patients.

...NCES: 1. Jenkins, G. N. and Wright, ...Brit. Dent. J. 90:117, 1951. 2. Pearl- ...and Hill, T. J.: J. Dent. Research ...1951. 3. Lefkowitz, W. and Singer, ...N. Y. State Dent. J. 17:159, 1951. ...J. A.: The Dent. Record 71:15, 1951.

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THE HIGH-UREA AMMONIATED TOOTH POWDER AND TOOTH PASTE

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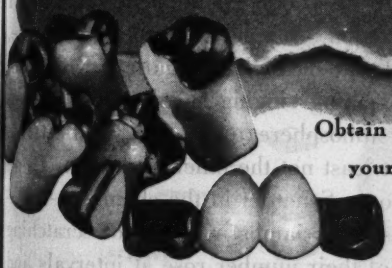
No. 365

It's December in October

In the monthly magazine business, it's always December in October, hence this space is being filled a few days after folks folded their tents and departed from the A.D.A. Washington meeting. It was a good meeting, with a registration of over 10,000 including about 5,000 dentists, and that week the town was blessed with near-perfect weather.

Our publication manager, Bob Ketterer, and I flew to Washington from Toledo, after attending the Michigan-Indiana football game at Ann Arbor as guests of Corner-customer Mac MacCabe. It was just another football game, but we still have not lost the thrill of seeing ninety-six Michigan high school bands march onto the field between halves. Ninety-six bands, mind you, and all in colorful uniforms, and all in step. Then the 6,300—that's right, over 6,000—boys and girls played as a single group under the direction of a band leader perched on a high tower. You listen to "The Star-Spangled Banner" on such an occasion and if you don't cry a little, something ails you. It

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was an almost unbelievable spectacle, and one of the mos deeply moving events I have ever experienced in all my life.

The first thing we saw as the plane gently landed at t Washington airport was Colonel McCormick's great big fou engine ship "The Chicago Tribune." Later, we learned that t Colonel was in town for a legal tussle with Drew Pearson— whom we later spotted at lunch in our hotel dining room. Pu lisher McCormick has his own big plane, but he has Dre Pearson mad at him, so I am not envious: I am perfectly sat fied being a small-time publisher (although a bit on the bul side physically).

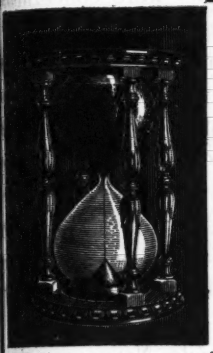
Which reminds me of something a friend of mine happene to overhear at the meeting. As nearly as I can recall, he re ported his eavesdropping as follows—two dentists talking:

"I hear Lon Morrey has been writing something in the *Journal* about Mass being a pocket-size publisher."

"Yeah? Guess Lon hasn't measured the old boy lately."

One afternoon, John McGowan snared a couple of admissio cards from Senator Pastore of Rhode Island, and John and I had a look at the Senate in action—if you will pardon the phrase. If you've never sat in the Senate or the House gallery, you prob ably picture the boys as making ringing speeches to their at tentive colleagues, in an atmosphere tense as a fiddlestring. Nothing like that, Bub—at least not the other afternoon. There were, perhaps, a couple dozen Senators in the chamber—walk ing around, leaning against door jambs, reading, or scratching themselves, while various of their number rose at intervals and sought permission to talk. Permission granted, each one made a brief statement that couldn't be heard in the gallery, or mut tered and mumbled a prepared address. The other boys paid little if any attention to the oratory. John McGowan and I cupped our ears when Senator Williams read a long spiel of which we could catch only the often-repeated words "Lias" and

PROMPT, GENTLE RELIEF... WITH Sal Hepatica

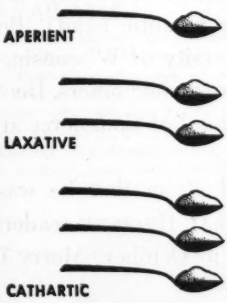


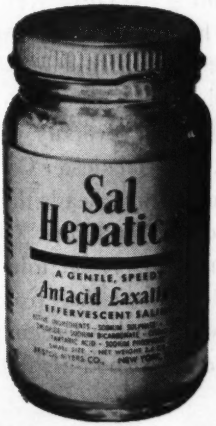
Prompt action—that is what patients like about Sal Hepatica. When Sal Hepatica is used, there is no laxative lag, no feeling of discomfort that persists for hours when slower-acting laxatives are taken.

Taken one-half hour before dinner laxation or catharsis occurs before bedtime. Taken in the morning, one-half hour before breakfast, the patient gets relief usually within one hour.

Though the laxation is prompt, it is gentle, too. With proper dosage there is no griping, no abdominal cramping. Furthermore, antacid Sal Hepatica also combats gastric hyperacidity which so often accompanies constipation.

And the dosage is flexible. It may be adjusted to fit the need of the individual. A cathartic, laxative or aperient effect may be achieved by a simple regulation of the amount prescribed.





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"income tax." So far as the other Senators were concerned, Senator Williams might as well have been talking to himself. But next morning, the nation's newspapers front-paged the story: Senator Williams had been orating about Big Bill Lias and the Bureau of Internal Revenue. But John and I didn't know what was cooking until we read the newspapers.

Speaking of newspapers: some big-city newspaper editors must have been reading ORAL HYGIENE lately. Anyway, the Springfield, Massachusetts, *Sunday Republican* in a feature article telling about the opposition to fluoridation expressed by several dental authorities, quoted at length from Doctor George Swendiman's September ORAL HYGIENE article. Now comes the October 15 *Peoria Star*, which devoted nearly two columns of its editorial page to a reprint of the Swendiman article, and two more columns to an editorial on the subject.

Then someone sent us a clipping from the *Cleveland Plain Dealer* about another ORAL HYGIENE article, published in October, "How a Dentist May Protect His Investments," by Doctor Jacob O. Kamm. The *Plain Dealer* told about Doctor Kamm's article winning the ORAL HYGIENE $100 award that month and told about his book, "Investing at a Profit." The latter has now been adopted as a text book by the University of Michigan (where Bob and I listened to the gigantic band), Boston University, Rutgers University, University of Wisconsin, Fordham University, and Macalester College, among others. Doctor Kamm is the economist who heads the School of Commerce at Baldwin-Wallace College in Berea, Ohio.

Early in October, he told Ed Ryan that he was already "overwhelmed" by letters from ORAL HYGIENE readers.

And now, since it's December in October, Merry Christmas to all and to all a good-night.

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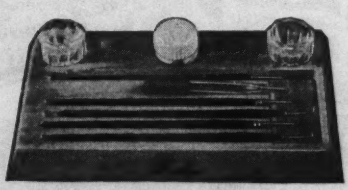


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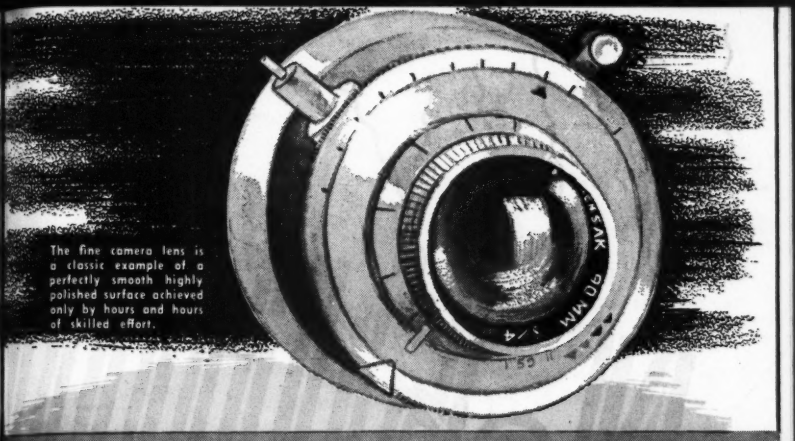




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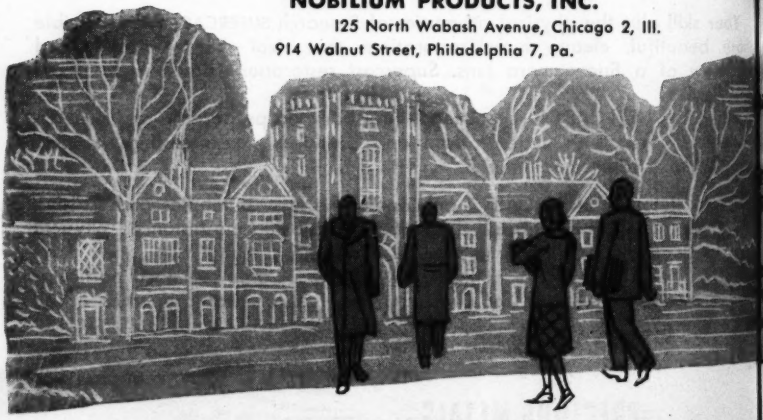
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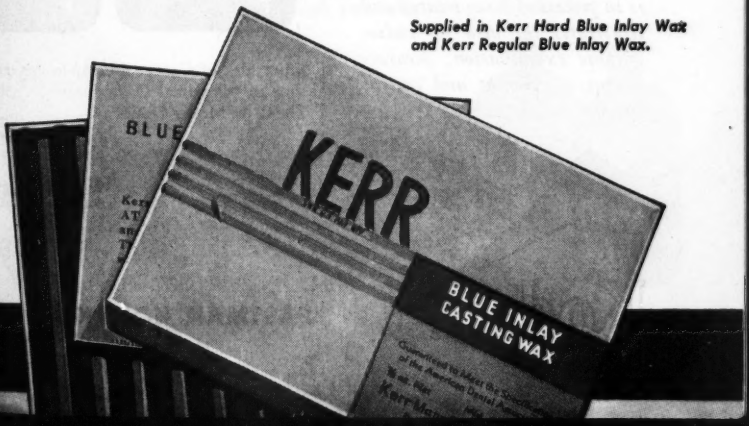
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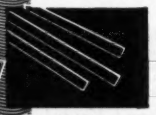
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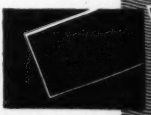
GOOD WORK comes a lot easier when you pick the right Solder Shape

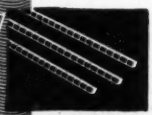
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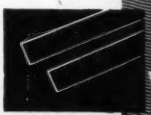
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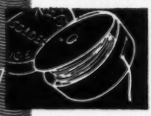




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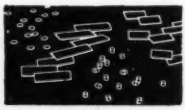




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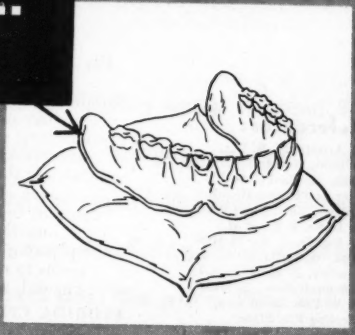
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For the development of sound oral tissues and structures and the maintenance of good mouth health during childhood,[1,7,9] no nutritional factor is more important than vitamin C. Most pedodontists, in collaboration with pediatricians, urge the daily consumption of ¼ to 4 oz. for infants up to one year, 4 to 8 oz. for older children,[3,4] and double this amount when gingivitis is present.[2] When Florida citrus fruits are recommended, the smile will continue to glow—not only as a reflection of a favorable nutritional state,* but because of satisfaction from the pleasing taste. At the end of a meal, citrus juice also seems to reduce oral bacterial flora.[5] And citrus fruits, when chewed, are mechanically and chemically cleansing.[6,9]

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References:

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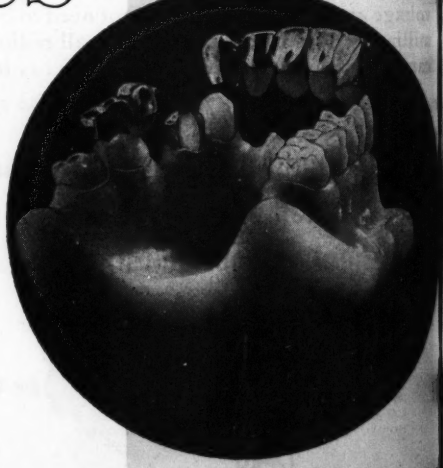
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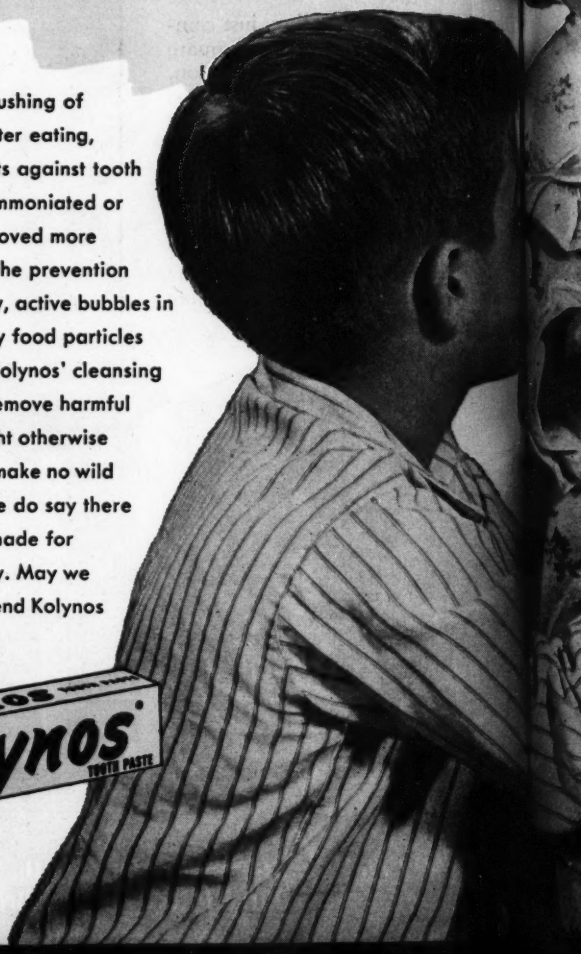
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VOL. 41, NO. 12 **Oral Hygiene** DECEMBER 1951

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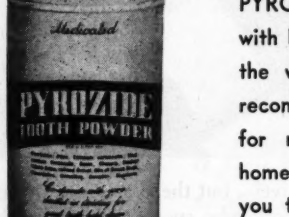


SOME PEOPLE take their relaxation passively, but there are fifty or sixty professional men and women of New York who spend their spare time making music. They are members of the Doctors Orchestral Society of New York. One of the group's cellists is Doctor David Gober, 78-year-old retired dentist, shown here going over the score with Conductor Robert Ward during a rehearsal at Stuyvesant High School in New York.—Photograph, courtesy of *The New York Times.*

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DENTISTRY *Within Limits*

Is your own complacency depriving your patients of the benefit of current dental discoveries?

BY CHARLES P. FITZ PATRICK

How long has it been since you tried a new medication, added a recently introduced piece of operating equipment, revised your working procedure, or arranged for a "dress-up" touch for your reception room? Two years, five years, ten years . . .?

Without a doubt, this is a dangerous subject to bring into a discussion with any number of practitioners; and the brave person who chances it is wise to provide for a comfortable distance between himself and the dentist whose materials, methods, and equipment he suggests may not be up to accepted modern standards.

Quite understandably, the average dentist looks upon the procedures he applies to the improvement of his patients' dental health as being entirely satisfactory. He has grown so accustomed to them, he clings unbendingly to the belief that the men and women who sit in his chair enjoy real benefit from the dental treatment he provides. And undoubtedly, he is correct in this. But it is the extent of the benefits that provokes questioning, since the dentist's choice of words hints that there may be room for improvement. Because of the wealth of advancements being made available daily to the dental profession, work that is just satisfactory is not enough.

It is not that the composite dentist being discussed here is not interested in meeting progress half way and going along with it; he is merely displaying his human qualities by hesitating to accept that which is new, improved, or different. He has settled himself so

deeply into a comfortable routine that he finds it difficult to dislodge himself physically or mentally. As a young man, probably he followed with exacting care the practices in which he was schooled prior to being awarded his degree. He clings to these as days build into weeks and weeks into months. Then, when twenty or more years stand behind him, habit has taken a strong hold and plays a regular part in directing his thinking and his actions. The methods and the materials of yesterday continue to be his current companions.

The habit-formed practices of this dentist are not exceptional, and neither are the delayed promises he makes to himself from time to time. If it were possible to read this practitioner's thoughts, there would be discovered his intentions to ". . . try that new liner Doctor Jones spoke about," or ". . . attend the next series of 'refresher' lectures sponsored by the district association," or ". . . have the tired office unit checked and modernized, or replaced." Although each of these progressive ideas was conceived honestly, it is not difficult to guess what became of them. With the next patient, the dentist falls easily into his old ways and the desirable plans are forgotten quickly. He continues to follow the path of least resistance.

One unusual Eastern dentist voiced the surprising admission that his practice of dentistry stood still for eighteen years. In elaborating on the subject he explained, "I set up my office in my home, and since I was not a natural 'joiner,' virtually all my professional activities were limited to satisfying the dental needs of my patients." As the years rolled by he varied his methods and his materials little. Eventually, his son who had completed predental college studies entered dental school. "I thought the boy and I would have a lot in common," he added, "but soon I found that in many respects we spoke a different language. It was difficult to imagine that my son was attending the same dental school from which I was graduated about twenty years before."

Revives Static Practice

This particular practitioner was fortunate. He was jolted out of his complacency. It was his son's decision to follow the dental profession that brought the father to an awareness of his own static position. He was quick to accept the challenge. Today, by his own admission, he is starting virtually a new practice—along more modern lines. Although it has been years since he "cracked a book," this middle-aged dentist now spends several hours each week in specialized reading. He goes out of his way to meet other dentists professionally, and the promotion literature and dental publications he formerly took from the mail man and scanned only casually are

★ ★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This article by CHARLES P. FITZ PATRICK, has won the $100 ORAL HYGIENE award for the best feature published this month.

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now being read carefully for valuable tips and suggestions. "I feel I am already doing a better job and will continue to do so from now on," he admits with a smile of satisfaction. "Also, I've found a new and stimulating enthusiasm through 'pioneering' in a field that has progressed rapidly while I had my back turned. Of course," the dentist concluded, "there is always my pride driving me on. I can't let that boy of mine get ahead of me."

Unlike the members of some other professions, the dentist, unless he fights against it, may be closed in each day by the walls of his own office. It is not required of him to meet other practitioners at clinics, or even at social gatherings. He may—and sometimes does—continue to "solo" for years, unintentionally depriving his patients of the full advantage of modern dentistry. And it is not because he lacks the capacity to apply the new advances; he simply neglects to familiarize himself with them.

A professional man outside the dental field enlisted an old truism to express himself on this subject. "You can't continue to depend on yesterday's learning. Even though you may be content to stand still, it can't be done. Although you may not be aware of it, you soon slip backward unless you continue to add to your storehouse of 'know-how.'" This progressive fellow used as an example the changes and betterments that have been made in teaching even the elementary subjects covered by the "grade" schools. "My little girl," he said, "adds up a column of figures or reads a paragraph from a text book a lot differently than I was taught to do it."

This nondental practitioner provided a practical suggestion that might also be applied to the dental profession. "Whenever I encounter a situation that has some unique angles, I make some mental notes of the conditions and the methods I used in arriving at a solution. Later, in conversation with a friend in my own field, I review the case with him and ask how he would attack the problem. It is not a consultation; I am simply interested in seeing how two men in the same profession react to a certain set of conditions. Invariably, these conversations lead to some mighty refreshing and enlightening discussion. I benefit, and so does my friend."

If, in addition to such person-to-person discussions, an interested practitioner gave a quarter-hour each day to current books by dental authorities, and the latest dental journals, he would not miss the time from even the most crowd-

ed day; yet in a year he would have benefited from the equivalent of eight eight-hour days of constructive reading.

Of course, you may hasten to insist that you are not in the class of the dentist referred to in this article. But seriously, is that the whole truth? Ask yourself now the questions presented in the first paragraph of this piece: "How long has it been since I tried a new medication? Do I continue to resist changing the operating practices I learned years ago? Are my instruments the same ones I started with 'way back when—?" And now for the most revealing question of all. Walk into your reception room. Is the decorative scheme still centered about a rubber plant or some equally ancient furniture your wife refused to tolerate any longer in your living room? Unless you can answer a positive "No," maybe you *are* the dentist pictured in this article.

3841 *Aspen Street*
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"CHAINED EDITORS"

Is FREEDOM of opinion and expression by dental society editors in danger of curtailment? A series of recent incidents makes this a pertinent question.

A year ago, the editor of the bulletin of a large midwestern dental society planned to use material illustrating the damage caused by excessive sugar consumption. About a month later he wrote that his directors, at the urging of the city's board of education, had squelched the idea. Reason: it might offend the sugar and soft-drink industries!

The state dental journal with probably the largest circulation in the country has been carrying advertisements of one of the phosphated beverages so damaging to the teeth. When asked about this, the editor replied, "With respect to the advertisement, let me say that a recommendation of the president's advisory board that the executive council establish a policy to reject advertisements in the state journal and to prohibit exhibits at all annual meetings of such sugar-containing carbonated beverages and candy was, on motion, tabled at the meeting of the executive council held on May 10, 1951."

On July 16, 17, and 18 of this year, an eastern state held its annual dental meeting. Two of its twenty-three commercial exhibit booths were leased to this same phosphate beverage concern. We can hardly expect that society to be active in preventive dentistry for children, or in the promotion of good nutrition for dentists. . . .—J. C. A. HARDING, D.D.S., EDITOR, *Journal of the Southern California State Dental Association.*



You're Asking for Trouble!

You deliberately invite problems by neglecting to employ fundamental precautions.

BY MAURICE J. TEITELBAUM, D.D.S.

EVERY PROFESSIONAL man, businessman, and worker has his share of failures and disappointments, and dentists are no exception. We have all made mistakes. I have made mine, you have made yours, your colleague down the street has made his; and the chances are that we shall all continue to commit errors both in judgment and in operation until we hang up our contra-angles and lay aside our plaster bowls for the last time. A bridge to be remade because of poorly chosen abutment teeth, an ill-fitting denture resulting from an incorrect bite registration, a jacket that has cracked because of a faulty preparation: these problems are bound to arise in the office of every practicing dentist. We make mistakes because we are human beings, because our mental faculties are not so constructed as to enable us to grasp the future consequences of all that we plan in the present, and because our muscular reflexes and skills are not developed to the point wherein we can operate in the manner of a precision-made machine. But the fact that our judgment may be faulty at times and that our skill may desert us occa-

sionally does not mean that we should ask for trouble and deliberately invite disappointment. Yet, that is exactly what many of us do.

The experience and teachings of men who have studied the problems and dilemmas facing the dentist have shown that many common failings and pitfalls can be avoided. Their findings show that there are many ways to invite trouble in the operation of your practice. For example:

(1) *You're asking for trouble*—if you do not make a complete examination. An examination complete with full-mouth roentgenograms and study casts will enable you to chart a clear path for operative procedure and prevent any "stumbling in the dark." A complete examination will help you avoid the "extras" that pop up when a partial examination is made—extras that often cause the patient to lose confidence in your ability and to resist any further treatment. Even if you feel that your patient will accept only a partial prescription, tell him the "whole story." Eliminate the headaches that occur when a patient returns at a future time with a drifting tooth and says, "Why didn't you tell me about replacing those missing teeth?" A complete examination is the basis for a sound diagnosis and the first step toward complete confidence of the patient.

(2) *You're asking for trouble*—if your diagnosis is not specific and positive. After you have completed your examination and have had a chance to study the existing oral conditions, present your diagnosis with confidence and assurance and stick to it. Nothing can fill the patient's mind with doubts as to your capabilities faster than a diagnosis and prognosis full of "uhs," "maybes," and "perhaps." For example, if, in your best judgment, a chronic gingival condition due to crowded anterior teeth can be relieved only by the extraction of one of the crowded members; and because the patient objects to "losing a tooth," you alter your plan of treatment, you are asking for trouble. When the gingival condition remains unchanged, the patient will seek help elsewhere. The next dentist he visits, unmoved by the patient's ill-advised pleas, may be insistent and unyielding in his desire to extract the crowded tooth; and your patient, moved by a positive approach, will consent. Of course, you will have lost the patient—it has happened before and no doubt it will happen again.

(3) *You're asking for trouble*—if you do not size up your patient before you present your treatment plan. If there is a large amount of restorative treatment to be given, be sure you are familiar with your patient's previous dental experiences. If there is a history of repeated failures with fixed bridgework, for example, probably you will be wasting your time planning a fixed bridge for him. Even though you feel that this particular

type of restoration is the best, in this case, you must consider your patient's feelings and attitudes and do what is second best. Of course, if any restorative service other than your first choice will lead to failure, then you must stick to your original plan.

(4) *You're asking for trouble*—if you permit your patient to formulate your plan of treatment. A patient's attitudes and habits are important in helping you reach a decision as to the type of work to be done; but, when a patient's desires as to the type of dental restorations will lead to failure, always remember that *you* are the dentist. If you succumb to the patient's plan and even if you make it clear to him that you will not be responsible for any failures, when the restoration collapses, the patient will cry, "Well, you are the dentist; you should have insisted that it be done your way." And the patient will be right.

(5) *You're asking for trouble*—if you do not explain to your patient the service to be given. At the beginning, without going into any lengthy discussions or into technical details, explain the type of treatment you are planning for him. Beware of the patient who says, "It's all right, doc, anything you do is okay with me." The chances are that, as soon as you start to prepare a tooth for a bridge abutment, he will grab your arms suddenly and cry, "Wait a minute, doc, you're cutting a good tooth!" Then you will have to lay aside your instruments and explain the type of bridgework intended and the reasons for what seems to him to be a rather drastic procedure. But, unfortunately, the patient is not as receptive now as he was when the work was planned and is even likely to be suspicious of your intentions. This is bound to make your task more difficult. It is good to remember that service understood is service appreciated.

(6) *You're asking for trouble*—if you fail to present the contingencies encountered in your work. Let your patients know what they may expect when wearing a new appliance or after the insertion of a large restoration. If they expect discomfort, they can tolerate it more easily when it occurs. But if they experience any unexpected pain, they may start to doubt the quality of your craftsmanship. Pain is easier to take when we are prepared for it and understand its cause.

(7) *You're asking for trouble*—if you do not keep complete and accurate records. Do not trust your memory—put all your working plans and progress down on your records. If you plan to make a veneer crown and then forget about it and start to place a three-quarter crown on a tooth, you will have to reckon with a complaining patient. You can look quite foolish when you "sell" the need for a veneer crown to a patient and then proceed to place a different type.

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(8) *You're asking for trouble*—if you attempt to perform a service for which you are not qualified. If you really want to get yourself in hot water, try some difficult operation for which you have not had proper training. Nothing can be more disastrous both to you and to the patient. If it is a difficult surgical procedure, do not hesitate to recommend your patient to a specialist. Your patient will be more appreciative of your skill and integrity than he would if you sent him to another office after an unsuccessful, half-finished attempt.

(9) *You're asking for trouble*—if you air your personal problems in the office. Your patients come to you for your dental service; that is their primary concern. While you must be pleasant and friendly, do not burden them with details of your outside activities. Even though they may listen to you politely and attentively, some of them will wonder whether you are more interested in your avocations than in your vocation. They will wonder whether you are thinking of their mouths while you prepare a tooth or whether your mind is wandering about the third green of the golf course or in a boat at the lake. Do not give your patients any reason to doubt that while they are in the chair your one and only concern is their dental welfare.

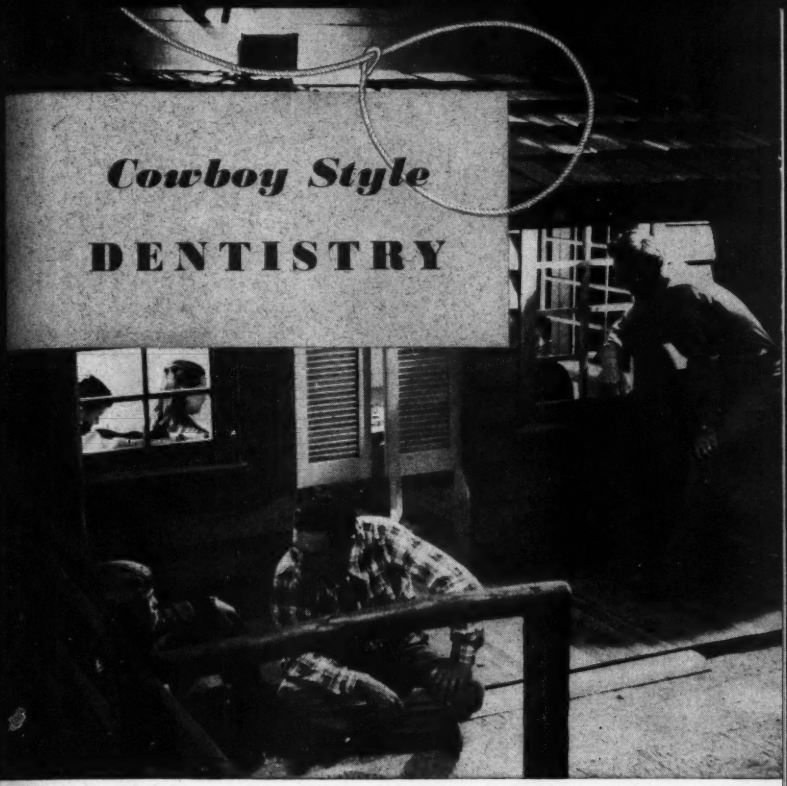
(10) *You're asking for trouble*—if you are not careful about your personal habits. This is something that you are no doubt aware of, but need to be reminded about every so often. Personal cleanliness is a requirement. Since you are in such close contact with your patients, develop the habit of the daily shower or bath, the use of a deodorant, a clean shave, polished shoes, tidy hair, a clean gown and pleasant breath.

When you ask for trouble you invite failure and inviting failure may mean the loss of a patient, of time, of money, and of your peace of mind. So do not add to the difficulties normally encountered in your practice by asking for trouble and extending an invitation to a failure.

446 *Clinton Place*
Newark 8, *New Jersey*

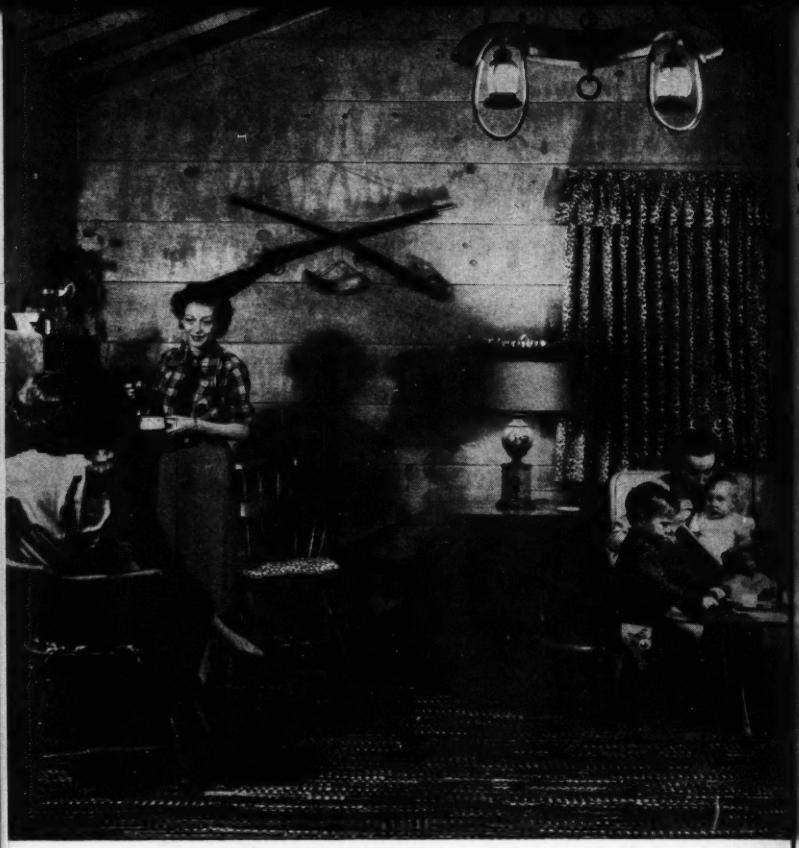
THE COVER

THIS MONTH'S cover is devoted to the annual Christmas seal campaign of the American Dental Association Relief Fund which provides temporary or permanent financial aid for needy dentists. We urge your generosity in support of this worthy cause.



Young patients exchange tales of adventure with their cowboy dentists. At Bar D. K. Ranch there is as much fun and horse play as possible and the small Hopalong Cassidys actually look forward to their friendly dental appointments.—Photographs by Gene Daniels from Black Star.

Two California dentists who have many children patients have taken advantage of the current cowboy craze to solve an old problem—how to bring children through a dental appointment without tears. Two facts are brought face-to-face: Children have to go to the dentist, and they love to play cowboy. On the basis of these ideas, the Los Angeles dentists converted their office into a miniature horse ranch with all the necessary trimmings. Wooden horses in the "Colt's Corral," lariats, harnesses, and gun racks, in a setting of knotty pine, all contributed to the reality of this "make-believe" dental ranch. And it was successful! The youngsters soon forget the drills and "fillings"—they are a small price to pay for the fun they have at Bar D. K.



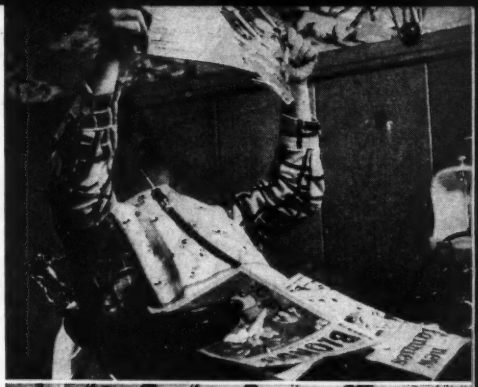


This reception room is a ranch! The attractive room is the beginning of an enchanted visit to the dentist. There are plenty of comic books, wooden horses, and lariats to entertain the small patient who has to wait for his appointment. And there is coffee for his parents!

The check room, where all guns must be checked on entering Bar D. K. Ranch (Bar Dekay).

XUM

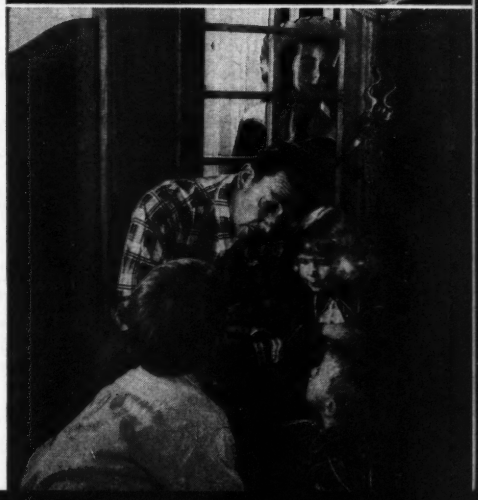
For that five or ten-minute wait while the restoration hardens, comic books divert the child's attention.



The dentist and his assistant dressed in cowboy attire bring local color into the operating room, where even the wallpaper carries the theme. It is much easier for a child to sit quietly during a cavity preparation in this storybook atmosphere.



The rancher-dentist explains the technique of tooth-brushing and the importance of oral hygiene to an intent audience in the corral.



XUM



Further information for the dentist on the available investment facilities of life insurance companies.

BY W. CLIFFORD KLENK

TIMES ARE good! The goose hangs high! You have some surplus despite the crimp the government makes in your pocketbook every year. What do you do with that surplus? Perhaps you have bitter memories of the debacle of '29. At least you have heard about the "investment" losses sustained a score of years ago on what were then touted as grade-A securities.

With the rarest of exceptions, life insurance companies came through the depression unscathed. Thus it is natural that their investment types of policies are receiving consideration today. Objective analysis of the investment contracts offered today by life insurance companies is timely. There are the policies with no protection feature and those which stress savings rather than insurance.[1]

1. *Single Premium Deferred Annuity:* This is pure investment; not insurance. You make a single minimum deposit of $1000 and forget about it for an indefinite number of years up to age 70. If, at any age prior to 70, you have not taken the accumulated cash or started the income, you must elect to receive the cash or start the income when you reach 70. Additional deposits, for the same or a great-

[1]In each contract discussed, the figures used assume the investment is made at age 35. Because dividends are unpredictable, and in the interest of simplicity of explanation, premiums of nondividend-paying companies are used. It does not follow that such companies' facilities are superior to those of companies paying dividends.

er sum, may be made at your option any time before age 65.

The contract stipulates its value each succeeding year. One thousand dollars invested at age 35 is guaranteed to be worth $1961 at 65. It may be withdrawn then (or at any other age up to 70) in a lump sum, or taken in a lifetime monthly, quarterly, semi-annual, or annual income. What the exact cash value or periodic income will be depends upon your age, sex, and the number of years your funds have been on deposit, as well as your choice of income options. There are from four to six options available, but not all companies offer all of them. Their relative merits differ according to the various ways their residual funds are disbursed after the death of the annuitant. The option is selected at the time you start to take the income, not when the investment is made.

Let us assume you elect the installment refund option at 65. This guarantees that the minimum paid to you, the annuitant, and your beneficiary will equal the amount of your accumulated funds at 65—$1961. The monthly return would be $11.27. That equals $135.24 yearly, or 6.8 per cent annual yield, however long you may live, even if the aggregate yield exceeds your savings. The income under some other options will yield a slightly higher return, but not with a guarantee of the full return of your savings to your beneficiary.

If you die *before* starting the income, the minimum refund to your beneficiary would be the sum of your deposit, or the cash value if it is greater. The cash value does not exceed your deposit until the fifth year after you invest your funds. Should you die *while* you are receiving the income, but before the aggregate paid to you equals your accumulated savings ($1961 at 65), then the same periodic payments are made to your beneficiary until the total paid to you and your beneficiary equals $1961. If you die *after* your total receipts equal or exceed $1961, your beneficiary receives nothing.

Advantages: The principal is absolutely safe. There is no investment or re-investment problem. The annuitant knows with certitude that he has a fixed inexhaustible income as long as he lives. There is a known guaranteed appreciation of principal, year after year, while funds are on deposit. You have the right of withdrawal of deposit on demand any time before income starts, and the privilege of starting your income payments at any age before 65, but not later than age 70. Until the difference between 3 per cent of the purchase price ($1000), or $30, and the yearly income ($135.24), or $105.24, equals your original deposit ($1000), you report for tax purposes only $30 a year. Thereafter the full income, $135.24, is reportable. Thus for about ten years ($105.24 x 10 equals

$1052.40) there is a tax saving subject, of course, to any future federal tax law change to the disadvantage of the annuity owner.

Disadvantages: The original investment is not fully liquid for five years after deposit, if you wish to withdraw your funds. During this period the withdrawable portion of your $1000 is:

After the first year:	$ 899.00
After the second year:	930.00
After the third year:	961.00
After the fourth year:	993.00
After the fifth year:	1025.00

Thus it follows, that only the portion of surplus for which you have no possible, foreseeable need within five years should be so invested. The interest return is relatively unattractive compared with savings banks' 1½ to 2 per cent, if funds are withdrawn. Your original deposit must remain with the company for twenty-eight years to yield an average of 2½ per cent. The contract is not a desirable short-term medium because of the interest factor. This plan is unwise for the investor over 50, again because the time lapse between deposit and withdrawal or inception of income gives a low return. A substantial deposit is necessary to yield a modest income; for example, about $9000 is necessary at 35 to yield $100 a month at 65 for life. The choice of companies for this deferred type of annuity is narrow. Returns and available options vary among them.

2. *Single Premium Immediate Annuity:* This is not insurance. It is much like the deferred type of annuity, except that income starts immediately; that is, three, six, or twelve months after deposit. The amount of income depends again upon the forementioned factors, such as age and sex. The older you are, the higher the income. A woman annuitant receives less per thousand invested than a man because, statistically, she lives longer. The single deposit required to yield $10 a month for life to a man of 60 is $2266, equal to 5.3 per cent; at 65, $2167, or a yield of 5.5 per cent. These returns are based on the assumption that the twenty-year guarantee option is elected. This provides that, if the annuitant dies at 68, for example, having received the income for only three years, the same income continues to a beneficiary for seventeen years. The total minimum return of $2400 exceeds the single deposit. The advantages of this annuity contract are essentially the same as the deferred type of annuity.

However, there are drawbacks. Once his income starts, the annuitant has no right to withdraw a lump sum. Investment made at younger ages is not attractive. This form of investment is attractive to the retired person to whom safety of principal and fixed income are prime considerations.

3. *Annual Premium Deferred Annuity:* This is not insurance.[2] By contrast with the single de-

ferred annuity, premiums are made annually for an agreed number of years—to 55, 60, 65, or 70. The annual deposit starting at 35 to yield $10 a month for life at 65 is $38.59; more if the income is to start at an earlier age. Generally, the income is guaranteed for a minimum of ten years. Aggregate premiums paid in for thirty years (35 to 65) amount to $1158. The cash value at 65 is $1590. If you die during the savings period, the minimum refund to your beneficiary is the total of premiums paid without interest. The cash values are returned in lieu of the premiums when they are greater than the total premiums deposited.

This is a systematic savings plan with predetermined cash values or income for life. It is flexible; premium deposits may be stopped at any time, and cash withdrawn or a reduced income taken. Premiums paid may be left with the company to accumulate at 2 per cent guaranteed interest. The accumulated cash or a lifetime income may be taken at any age up to 70. Such a contract, if lapsed, may be reinstated fully by the payment of all back premiums with interest compounded at 5 per cent. The plan is attractive if started before age 45, not thereafter.

On the other hand, the annual premium deferred annuity is a long-term commitment; its goal is really attained only if the plan is carried through to retirement age. Withdrawable cash does not equal deposits until twelve years after the plan is started. If the cash withdrawn exceeds the deposit, the excess (profit) is taxable under the federal income tax law. The contract is commonly drawn to show income under the ten-year option, meaning income is paid, whether you live or die, for at least ten years. Note that the cash value at 65, in our hypothetical case, is $1590. A monthly income of $10 for ten years is $1200. Thus, if you die at 75, having lived through the guaranteed income period, the difference of $390 is retained by the company. Other income options with lower return are available. Some of them guarantee a minimum return of the cash value via monthly payments to your beneficiary if you do not live long enough to receive it.

4. *Single Premium Life Insurance:* This is *not* an annuity contract. It is life insurance paid for by a single premium. Medical examination is required. There are many available forms: ordinary life, limited payment, endowment; but not all forms are offered by all companies. As the title implies, you pay one single premium; no further payments. For example, $1000 worth of ordinary life insurance at age 35 calls for a single premium of $485. The cash value equals the single premium after three years. Thirty-year en-

[2]This form of annuity *with* insurance was discussed in the October 1951 issue of ORAL HYGIENE, Retirement Income—At a Price!

dowment costs $578, and its cash value equals the deposit after four years. The policy matures at age 65 for $1000 cash.

The fact that you pay only once, then are finished paying for life, is the advantage of this plan.

Disadvantages are more extensive. Since contracts of this type are essentially life insurance, regardless of premium payment method, they become expensive protection in the event of death, since the company's liability is only the difference between the single deposit made—$578 for a 30-year endowment policy and the face value of $1000. Considered solely as a savings medium, the interest return is not attractive. For instance, $578 compounded at 2 per cent for thirty years is $1046. Thus, the $578 for a 30-year endowment policy yields less than 2 per cent. Of course, allowance must be made for the possibility of the company paying the $1000 at your death before the endowment matures.

5. *Discounted Premiums:* A facility offered by some life companies provides that premiums due in future years on a given policy may be paid in advance at a discount, generally 2 per cent compound interest. This is how the plan works. You have an annual premium due next month on one of your life contracts. The premium is $100. You have $1000 surplus funds lying idle. Paying the premium annually, your outlay in the next ten years would be $1000. But, $916.20 paid now will cover the currently due premium of $100 and nine future premiums. Following this procedure, you would have no premiums to pay until 1961. Over a ten-year span you save $83.80. The maximum number of yearly premiums discountable and the total of cash accepted, depends upon the individual company. "Suppose I die two years from now," you ask. "What happens to the advance payments I made?" Each year as an annual premium falls due, it is deducted from your discounted payment. In two years, the company has earned $200. The balance of your $916.80 is returned to your beneficiary. If, during the period for which you have discounted premiums, unexpected reverses make it necessary for you to seek the return of your money, many companies will refund the unearned part of your single payment at a slight penalty charge.

For the life insurance policyowner with a surplus, who is attracted by the single premium life policy idea because "I pay once and I'm through," it should be evident that discounting future premiums on a contract already in force is a more prudent procedure than the purchase of new insurance on any single premium plan. The discounted premium plan does not add to your protection, yet the single premium policy, as noted, gives little protection in proportion

to the single premium outlay. It does protect the premiums you discount, in that they are refunded to the beneficiary if not earned at your death.

Such then are the advantages and disadvantages, sketchily outlined, of what life insurance companies offer today as investment media. They fall far short of what was available a decade ago. Life insurance companies claim to have difficulty finding attractive investments conforming to the restriction imposed by law. Thus, today's lower return.

Summed up, the immediate annuity for the dentist about to retire is attractive. For the practitioner who is still active with a substantial practice and who has available surplus, the single premium deferred annuity is a solution to the inevitable problem of old age. The young dentist with prospects of an increasing income will find the annual payment annuity with no life insurance feature is at least a good plan for systematic savings, if it is purchased with the full realization that it promises no spectacular returns. The single premium forms of life insurance rarely have justifiable place in one's strong box.

The prospective investor in any of the contracts discussed will do well to realize that a company offering the best immediate annuity may be a comparatively poor choice for a deferred annuity. Life insurance and annuities, unlike fire insurance, are definitely not uniform among all companies in their benefits, conditions, and cost.

295 *Madison Avenue*
New York, New York

PERIODONTAL FOCI OF INFECTION

FOCAL INFECTION in the oral cavity, as defined by its originators, did not mean devitalized teeth; it meant chronic low-grade infections around the teeth—periodontal infections.

Studies on which the decrease in favor of the theory of focal infection is based have disregarded periodontal infections, defining the most common foci as teeth, tonsils, and sinuses, but meaning devitalized teeth—not periodontally infected teeth.

Studies which ignore the existence of periodontal infection have ignored the most common chronic low-grade infection of them all and, therefore, are incomplete and inconclusive.

Personal experience leads me to believe that periodontal infections are a major cause of some systemic diseases and a major contributing factor in many others.—A. B. RIFFLE, D.D.S., *The New York State Dental Journal.*



Dentists in the NEWS

La Crosse (Wisconsin) Register: An outstanding Catholic dentist in Wausau, Wisconsin, was honored recently by His Holiness Pope Pius XII when he was named a Knight of St. Gregory the Great. This high papal honor is given for distinguished devotion and service to the Church. A strong supporter of Catholic education, Doctor W. A. Richardson has been active in the Knights of Columbus and the Holy Name Society, and has been a trustee of St. James' parish for the last fifteen years. Doctor Richardson is also president-elect of the Central Wisconsin Dental Society, of which he has been a member for twenty-five years.

Mitchell (South Dakota) Daily Republic: South Dakota dentists and pharmacists recently presented 11,100 cans of toothpowder to state institutions under the jurisdiction of the State Board of Charity and Corrections at Pierre. The presentation was made by Doctor Hugo H. Fifield of Pierre, representing South Dakota dentists, and Mr. Fred Vilas, representing the pharmacists. The gift was accepted by Governor Sigurd Anderson and the state board of finance.

Council Bluffs (Iowa) Nonpareil: After thirteen years in the Navy, two brothers are serving at the same station for the first time. At Great Lakes Naval Training Station, Paul L. Brandt is an assistant dental officer and Conrad H. Brandt heads a dental clinic. A third brother, Max J. Brandt, is now serving as a dental officer aboard the carrier USS Antietam in the Pacific Fleet. The three dentists are sons of Doctor and Mrs. Carl R. Brandt of Council Bluffs.

Detroit (Michigan) News: Doctor Fred L. Calenda, Detroit dentist and University of Detroit professor, has provided government bonds for the establishment of the Calenda Award at Ferris Institute in Big Rapids for the best annual student research paper in the field of bacteriology. Doctor Calenda is a former student at Ferris.

Cincinnati (Ohio) Post: Damage was estimated at $8500 recently after the hot water heater in the home of Doctor Frank Turner of Cincinnati ignited gasoline and a can of paint thinner. Painters were cleaning their brushes in the basement of the dentist's home when the heater ignited the gasoline fumes. The fire spread to the first floor before the local fire department brought it under control. In the meantime, the intense heat buckled the floors in the two-story brick house.

Burlington (North Carolina) Times-News: When the 933rd Signal Battalion's Third Radio Relay Squadron, a Ninth Air Force unit at Fort Bragg, needed to erect a transmitter antenna, Lieutenant T. H. Turner sought the highest spot available. Like television waves, FM radio waves travel in a straight line. With the help of the Clinton, North Carolina, city engineer and chief of police, Lieutenant Turner located the spot right in the center of Doctor Wilburt Jackson's tobacco patch. Although many landowners in the Carolinas have had difficulty understanding the Army's requests for certain land sites, Doctor Jackson stepped right in. The Clinton dentist not only offered to clear a 100-square yard patch, but per-

sonally drove Army personnel to the tobacco field in question. "After all," Doctor Jackson said, "you want to win this war don't you?"

Washington (Pennsylvania) Reporter: Doctor Harry M. Cohen, Washington dentist, has resigned his position as Commissioner of the Washington County Umpire Association to devote more time to Little League baseball. Doctor Cohen's rule books for both Little League and Pony League baseball, have been adopted nationally as the official rules. The Pennsylvania dentist has long been a baseball arbiter himself, and has been a leader in training competent baseball officials.

New York (New York) Times: Permission to offer courses leading to a degree in dentistry has been granted the New York Medical College by the New York State Board of Regents, according to recent disclosure by Doctor J. A. W. Hetrick, president and dean of the college.

The new school will be housed in a $3,000,000 building to be constructed on a site adjacent to the present Medical College quarters at 105th Street and Fifth Avenue. A committee of educators and medical authorities, headed by Doctor Hetrick, has been making an extensive survey of dental schools throughout the country to determine what practices and policies should be followed in the Medical College School of Dentistry. Under present plans, the school will open in about three years.

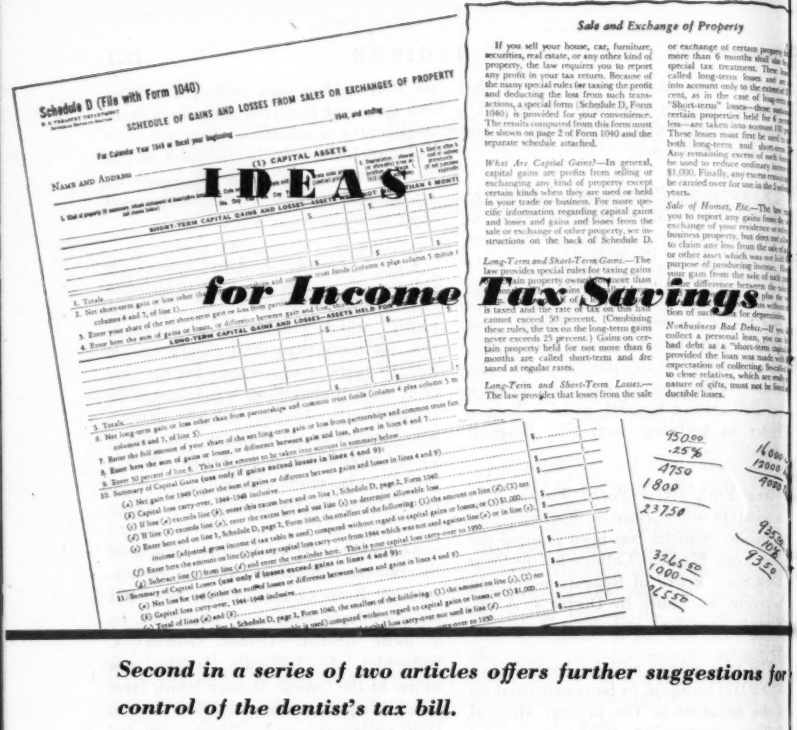
Tampa (Florida) Tribune: One of the features of the second annual Orlando Aviation Day this year was a "kiddie airlift" which provided a short plane ride for more than 8000 children from 6 to 16 years of age—many for the first time. This undertaking was initiated by Doctor E. V. Adams, Orlando dentist, who began a Scout airlift to help young Scouts qualify for merit badges. Nearly 200 Florida pilots offered the use of their planes for the airlift.

Chillicothe (Ohio) Gazette: In one of the largest real estate sales in the history of Ross County, Ohio, over 891 acres of farm land were purchased by a local dentist. Doctor George A. Schneider of Chillicothe is the new owner of the George Hunter Smith farm which is one of the largest in the county. Only buildings and land were included in the sale; the livestock were sold at auction.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Hugh E. Thomas, Route 3, Madisonville, Tennessee.
Mrs. Lillian Brown, Mount Vernon, South Dakota.
Angelo Moyer, 280 Shirls Avenue, Washington, Pennsylvania.
Harriet Shipley, Route #3, Council Bluffs, Iowa.
Phyllis Ellswood, 15309 Glenwood, Detroit 5, Michigan.
Mrs. Elsie Dawes, Route #2, Sharonville, Ohio.
Mrs. James Brod, Mosinee, Wisconsin.
Mrs. Lee Jackson, 705 South Mebane Street, Burlington, North Carolina.
Jimmy Matthews, 211 East Princeton Avenue, Orlando, Florida.
Theodore Katz, D.D.S., 2802 Grand Concourse, New York 58, New York.
June R. Gregg, Box 105, Bainbridge, Ohio.

XUM



IDEAS for Income Tax Savings

Second in a series of two articles offers further suggestions for control of the dentist's tax bill.

BY BETTY LEE GOUGH

THE DISTINCTION between long-term and short-term capital gains is useful in setting up tax savings. A short-term gain or loss occurs on the sale of an asset held less than six months. If the item has been owned for the half-year or better, the gain or loss is a long-term one.

On long-term gains, only *half* of the gain is taxable, and that at no more than a 50 per cent rate. In other words, the highest tax on a capital gain of the long-term variety is 25 per cent.

As with long-term capital gains, long-term capital losses are deductible only up to 50 per cent. However, *short*-term capital losses may be deducted 100 per cent. (And a short gain is *taxed* 100 per cent.) Thus a short-term loss can be used to offset a long-term gain of twice the amount. If there is a large short-term loss—more than can be used to wipe off long and short-term gains—then the loss can be deducted directly from the regular income up to $1000. Any loss remaining above the $1000 figure

XUM

may be carried over for use in the five years ahead.

Well aware of the workings of the capital gains provision of the tax law, George Gray used his knowledge to avoid a whopping income tax bill on a long gain of nearly $2000 realized from a stock sale. Gray bought a piece of second-hand equipment during the scarcities period after World War II which he used rarely today.

Gray's books showed a depreciated valuation of $1000 on the item. He took it to a dealer who examined it and said shortly: "Fifty dollars."

"Done," said Gray, who was well aware that he could never have traded the creaking equipment for more than that amount anyway. He went back to his office then and happily deducted a long-term paper loss of $950 from his real dollar-stock gain of $2000, and thereby reduced his March 15 liability by $237.50.

Insurance Deductions

When a dentist receives insurance payment for a loss, how the payment is spent means a difference in the amount of money which the Collector of Internal Revenue asks on March 15. To illustrate this, there is the case of Harry White. A home addition that contained Doctor White's professional office burned to the ground. The depreciated value was $9,000. Wisely, Harry had insured it for what it would cost him to replace the structure in 1951—$16,000. Question: Was his "profit" of $7000 taxable?

That depended, he was advised, upon how the $7000 was spent. If it went to buy a new building of approximately the same size and the same real value as that which had been destroyed, then there was no tax liability. But if Harry pocketed the $7000, or spent it for any purpose except to replace his loss, then Uncle Sam would expect to be paid a tax share of the "profit."

(If Harry White spent $12,000 to replace his building, then the $3000 difference between $9000—depreciated value of the old building— and the $12,000 replacement cost would not be taxable. The remaining $4000 which was *not* needed or spent for a replacement building would be taxable.)

Ordinarily, any losses a dentist suffers which are not connected with his practice may be claimed for tax deductions only when itemizing personal expenses on the long Form 1040. But there are exceptions which are worth noting.

Securities, for example, have a special classification. The Treasury Department notes that, "Many taxpayers sell securities for gain, even though they are not in the investment business. In such cases, the transactions do not constitute a trade, business, or profession. However, by a special statutory provision, any losses resulting from the sale or exchange of such prop-

erty (subject to limitations on capital losses) are deductible by the taxpayer in the computation of his adjusted gross income. The losses differ from ordinary nonbusiness expenses *because they can be deducted even if the taxpayer uses the tax table or the standard deduction on Form* 1040."

Automobile Expenses

A personal automobile can count as a "business" deduction under certain circumstances. Merely driving it to and from work every day does not qualify it as a vehicle used in a dentist's practice. But if a dentist uses it for picking up supplies, visiting patients, or doing any other tasks connected with his practice, however small, then the car's expenses become partly deductible.

It is easy to figure just how much may be deducted. Say that a personal pleasure car is driven 10,000 miles during the year. About 1000 of those miles were on chores connected with the office. That is 10 per cent of the total use. Then 10 per cent of the yearly depreciation may be charged off as a "business" expense, along with a tenth of the amount paid for gasoline, oil, lubrication, maintenance, and repairs of the car.

If a dentist furnishes lodging for any of his employees, the fair evaluation of the room—and of the board if that is provided too—can be included as a wage deduction. The Bureau of Internal Revenue notes that compensation for personal services includes "the value of board and lodging (in cases where the board and lodging are provided as part of the salary) . . . and other kinds of compensation used by an employer to pay an employee for personal services."

It is well to pay by check. Cancelled checks are always there to serve as receipts. Note the purpose of each expense. Utilize charge facilities wherever possible instead of operating on a cash basis.

Some miscellaneous hints for reducing your income tax bill are:

1. *Do not be afraid of the long form.* A Louisiana dentist was astounded to learn from casual conversation with a friend that *all* interest payments are deductible—including personal loans, mortgages on a home, notes at the bank, even time payments on a kitchen appliance. His mortgage interest alone last year amounted to over $800. With that as a broad base, medical deductions, deductible taxes on personal purchases, and other small amounts enabled him to claim legitimately more than double the $650 blanket amount which he would have been permitted on his net income of $6500.

2. *Take full advantage of split income provisions.* Since passage of the tax law of 1948, these are now available to citizens of all states, where formerly only a lucky minority in states with community property laws could "split." Splitting income enables you to bring

both halves down into a lower tax bracket.

3. *Be sure you get all special exemptions.* If you are 65 or over, you are entitled to an extra $600 personal exemption. So is your wife (but not other aged dependents). If your vision is less than 20/200 in your better eye, you are entitled to an added $600 personal exemption.

4. *Count all medical expenses if itemizing on the long Form* 1040. In addition to physicians' and dentists' bills and hospital expenses, figure in hospitalization and surgical insurance premiums, drugs (routine medicines, such as aspirin, can be counted), nurses' fees and board, travel to obtain medical care, anything connected with maintaining your health.

2710 *State Street*
New Orleans 18, *Louisiana*

DENTISTS ON WHEELS

THE ARMY has announced that present methods of assignment of dentists in theaters of operation are being revised to make all types of dental service more readily available to troops. The new plan resulted from studies initiated by the Army Surgeon General's office. Under this plan, dental officers will be withdrawn from all units smaller than a division. Instead, dental service will be provided by various types of mobile detachments, teams, and dental clinics for all troops in theaters of operation.

The different types of dental detachments and teams to be used include large dental clinics, mobile and stationary dental prosthetic detachments, service detachments, and operating teams. The largest of these, a fixed dental clinic, has 25 dentists and 42 enlisted men. This unit will provide dental service for large concentrations of troops in theaters of operation. The smallest detachment, the operating team, will consist of one dentist and one enlisted man and will be assigned to provide dental service in isolated areas. The change will not affect established hospital and medical facilities of the Army Medical Service in the United States or overseas, nor will it affect the established Army-wide ratio of two dentists per 1000 troops.—*Army Times.*

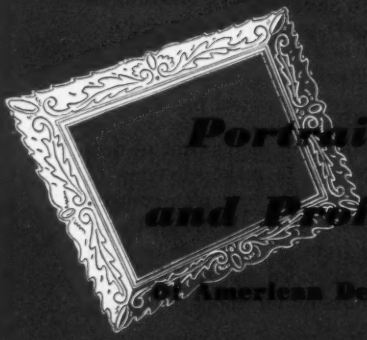
IF YOU ENTER MILITARY SERVICE



IF YOU ARE CALLED to military service, please be sure to send us your new address, and address changes as they occur, so that we may continue to send you ORAL HYGIENE. Please address ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

XUM





Portraits and Profiles

of American Dentists

By Howard A. Hartman, D.D.S.

Clinicians at the New Jersey State Dental Society meeting are J. M. Sheldon of Toronto and Howard A. Hartman of Cleveland, Ohio (right).

At the meeting o New Jersey State D Society in Atlantic are (left to right) Sheldon, Toronto, tario, clinician; Lie ant Colonel Georg Moulton (DC) clinician; and W S. Bell, Ozone New York.

☆

E. Herbert Sexto Plainfield, Chairma the Committee on tions of the New J society; and L. M. tenden of Chicago sistant Secretary o American Dental ciation.





XUM



Shown at the New Jersey state meeting in Atlantic City are (left to right): Frank D. Paul of Montclair, Committee on Clinics; Edward V. Tegarelli of New York City, clinician; and Max A. Pleasure, clinician, also of New York.

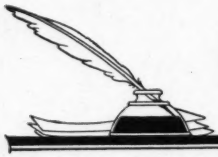


Left to right: William J. Updegrave of Philadelphia, clinician; Walter A. Wilson of Jersey City; and Theodore R. Champlin of Plainfield; visit at the New Jersey meeting.



At the 1951 Mid-Winter Meeting of the Chicago Dental Society: Gustav A. Svetlik of Cleveland; George E. Meyer of Chicago, a Past President of the Chicago society; and Henry F. Westhoff of St. Louis (left to right), examine a special issue of American *devoted to the Republic of Haiti.*

XUM



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

FREEDOM OF THE PRESS CONCERNS EVERYBODY

EVERY PUBLICATION has its weakness. Most have some strong point. Some people prefer *Reader's Digest* to anything in print. Other tastes run to the *Atlantic Monthly*. There are readers who choose tabloid newspapers such as the *New York Daily News* for their daily reading. Nothing will satisfy other readers execpt the *New York Times*. In the dental field we observe the same tendency. Some dentists want full doses of scientific writing. Others ask for simpler fare. There is no single publication that ever has or ever will satisfy the needs and preferences of *all* dentists.

A free press means more than the privilege of publishing without censorship or restraint. It means the privilege of freedom of reading. If every magazine or newspaper is required to treat news according to a prescribed formula established by an autocrat, people will be required to read only one point of view—the one that satisfies the whims or interests of the autocrat. Such a person might be a dictator holding the control of government. A powerful group outside of government might exercise this control, or it might even be a minority group within a dental organization.

The recent expression of respect tendered Alberto Gainza Paz, the Argentine editor, by newspapermen in the United States for his battle against the Peron dictatorship is of significance. North American editors and readers realize that the curtailment of freedom in South America is getting too close for our comfort here in the United States. Dictatorship in the hemisphere is much too near home—it is next door.

For those who have felt that freedom of the press is merely one of those ringing oratorical platitudes, or at worst an excuse used by pub-

lications to smear or distort, we direct them as *readers* or *listeners* to these words of the *Chicago Daily News:*

"The Argentine story illustrates the never-to-be-forgotten truth that press freedom is no mere professional privilege vested in newspapers and magazines and the publishers of books.

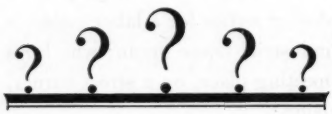
"It is the identical twin of the right of free speech that belongs to every man. It protects every person who mails a letter or a postcard; who sends a telegram or makes a phone call; who mimeographs an appeal for any good cause; who publishes or writes for a labor paper, a church paper, a business paper, or an industrial house organ; who buys an advertisement; who speaks in any meeting place, on a street corner, in a pulpit, over the radio, or on television.

"It is equally essential to the person who may never intend to speak or write publicly. For to all, including the most reticent and silent, it is the right to read, to listen, to think, to know, to choose, to decide."

There is no one so wise that he may decide what is best for people to read. It is easy for us to inflict our own prejudices and enthusiasms upon anyone who will listen to us. It is simple to confuse our interests with what we think should be the interests of mankind generally. A publication, be it in general circulation, or within a specialized field such as dentistry, should reflect and express the varying shades of belief held by responsible people on every subject that affects the general welfare or the special welfare of a specific group. Freedom of expression and collaterally, the freedom to read, to view, to listen, may be destroyed by dictatorial decree and more subtly by conspiracies of silence.

Edward J. Ryan

So You Know Something About DENTISTRY!



QUIZ LXXXVII

1. The solubility of permanent tooth tissue (a) increases, (b) decreases, (c) does not change, with increasing age. .....

2. Do supragingival and subgingival calculus arise from the same origin? .....

3. Fractures of the mandible occur most frequently at the (a) symphysis, (b) the coronoid process, (c) the third molar region, (d) the mental region.

4. Aureomycin troches are useful in (a) gram positive, (b) gram negative, (c) mixed, infections of the mouth and pharynx. .....

5. True or false? The higher the temperature at which inlay wax is manipulated, the fewer are the internal strains and the less is the resulting distortion on storage. .....

6. If the exposed dentine is not sensitive, can the connective tissue of the pulp be stimulated to additional dentine formation? .....

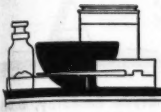
7. In the oral cavity, sarcoma is (a) much more common than, (b) as frequent as, (c) much less common than, carcinoma.

8. How does a fistula differ from a sinus? .....

9. True or false? Lower fusing porcelain—below 1900° Fahrenheit—is likely to become roughened and discolored after a few years by the action of saliva. .....

10. Of the upper premolars, which is more likely to have a divided root? .....

FOR CORRECT ANSWERS SEE PAGE 1784



TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

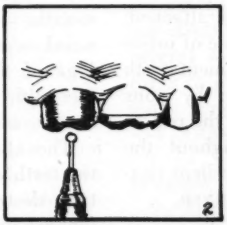
Drawings by Dorothy Sterling

Removing Crown Abutment With Minimum Damage to Bridge

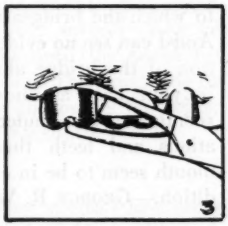
BY MARTIN A. GARBER, D.D.S.



The case: Bridge from MOD inlay on second bicuspid to cast crown on second molar. Inlay has become loosened.



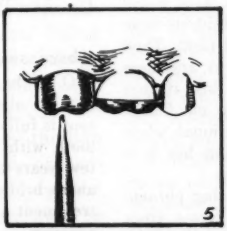
Drill a hole through the central groove of the crown large enough to accommodate the plug tip of an orthodontic band remover.



Apply band remover with plug tip inserted in the hole and resting against the tooth stump, and other end under the crown band.



Because pressure is applied in both upward and downward direction, there is little damage to either bridge or abutments.



Recement bridge. Mallet pure gold foil into the hole left in the crown.

We invite dentists to submit material for this department. $10.00 will be paid for each technique used. Send your technique to:

Dr. W. Earle Craig,
Oral Hygiene,
1005 Liberty Avenue,
Pittsburgh, Penna.

Q ASK Oral Hygiene A

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Focus of Infection

Q.—I should appreciate your help in reading the enclosed roentgenograms. The patient is having no local difficulty, but her physician believes so much bridgework may be a focus of infection. —W.M.S., Pennsylvania.

A.—As you know, the replacement of teeth by fixed bridges does not connote infection of the teeth to which the bridges are attached. And I can see no evidence of infection of the bridge abutment teeth in your case as shown by your roentgenograms. Indeed the restorations and teeth throughout the mouth seem to be in excellent condition.—GEORGE R. WARNER.

Chrome Abrasion

Q.—Recently I had a puzzling case for which I have no solution and I thought perhaps you might offer some remedy.

A man presented himself with heavy stains on all his teeth. His children came also, but their teeth were all right. Then his wife had an appointment and hers were more discolored than his, if that was possible. It occurred to me finally that the cause was occupational when I found that she was helping her husband at their place of work.

They do metal plating, using chrome and other metals and the fumes from the acids apparently cause this stain which is almost impossible to remove. Gingivitis will develop ultimately, I am sure. Have you any suggestions?—S.N.B., California.

A.—We have had no experience in treating patients who work in factories which process chromium. However, one writer states that "chromium plating exposes the worker to spray or mist and has given rise to much occupational ill health."[1] Another says, "Workmen are frequently afflicted with dermatitis, with perforation of the nasal septum and, where splashings of the liquid occur in contact with the skin, abrasions with chrome ulcers or 'chrome holes.'"[2]

The above would indicate that the teeth of your patients have actual destruction of the surfaces, making it impossible to remove the stain. It would seem that you can do nothing about the condition of the teeth so long as your patients are exposed to the chrome mist.—GEORGE R. WARNER.

Abscessed Incisor

Q.—I have a 13-year-old patient who has an abscessed central incisor. The root is fully developed. Could I treat this tooth with the hope of saving it for a few years until I could put in a permanent bridge? If so, what would be the treatment and what would I use for the

[1]Fairhall, L. T.: Industrial Toxicology, Baltimore. The Williams and Wilkins Company, 1949.

[2]Bloomfield, J. J., and Blum, W.: Health Hazards in Chromium Plating, U.S. Public Heath Service, Pub. Health Repts. 43:2330 (1928) Reprint No. 1245.

root canal filling?—P.M.A., Iowa.

A.—It is not only possible for you to save your 13-year-old patient's abscessed maxillary central incisor by root canal treatment and filling, but almost obligatory for you to make every effort to save it.

We handle such a case in the following manner: With the tooth under rubber dam, we sterilize it and open the canal from the lingual with sterile burs. With sterile root canal broaches, we clean out the pulp and, with sterile files, file the surface of the canal until it is smooth, until all the transverse rugae are reduced. The canal is then sterilized with the drug of the operator's choice and filled with sedative cement. While the cement is still soft, a guttapercha canal point, previously fitted to the canal, is pushed as far into the canal as it can be forced. The rubber dam is then taken off, a crescent-shaped flap is laid back to uncover the apex of the root. The bone over the apex is usually open or so thin it is easily opened with a chisel. Excess root canal filling material is cleared away and the apex of the root curretted only enough to eliminate necrotic cementum and dentine. Then the flap can be closed with one or two stitches and the operation can be considered finished. There may be a little swelling of the lip for a few days but rarely is there any other discomfort, and usually the bone fills in closely to the root in a few months.—GEORGE R. WARNER.

Denture Irritation

Q.—A patient of mine, a woman of about 40, has been wearing a full upper and lower denture for nine years. About three weeks ago, there appeared in the center of her mouth a space about the size of a silver dollar which is quite red. Her dentures are acrylic.

Have you any suggestions?—N.W.W., Massachusetts.

A.—In all probability, the red space in the palate is where an air chamber or relief was provided in the denture when it was made. If so, the condition can be corrected by having the patient go without the denture for several days or several weeks until the tissue returns to normal. Then refit this or make a new one minus the relief. —V. CLYDE SMEDLEY.

Bruxism

Q.—For several months I have had a woman of about 60 for a patient. A slight oral acidity existed at first but apparently that has cleared. However, from the appearance of her teeth, attrition has existed for some time. She states that, upon awaking in the morning, her teeth are closely clenched. So far, we have found nothing that might be the cause of this. Of course, she does not know whether she grinds her teeth while asleep. What can be the cause of this condition and what could be suggested for relief?

I recall a statement about making a splint to be worn at night to prevent the wearing down of the teeth. If something of this kind is advisable, please give us an outline for its construction. —E.G.R., Alabama.

A.—Grinding the teeth at night, bruxism, probably is your patient's

trouble. The cause may be nerve strain, gastro-intestinal disturbance, or an acquired habit. We have found that a splint made for the jaw that best lends itself to its retention will tend to overcome the habit. Now splints are made of acrylic and fitted to snap on the teeth and with the occlusal surface in good balance with the teeth of the opposite jaw, yet smooth so the occluding teeth can glide over its surface comfortably. In some cases, such a splint has cured night grinding in a few weeks.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LXXXVII

(See page 1780 for questions)

1. (c) does not change. (Leicester, H. M.: Biochemistry of the Teeth, St. Louis, C. V. Mosby Company, 1949, page 86)
2. Yes. (Goldman, H. M.: Periodontia, ed. 2, St. Louis, C. V. Mosby Company, 1949, page 187)
3. (c) the third molar region. (Mallett, S. P.: Fractures of the Jaw, JADA **41**:672 [December] 1950)
4. (a), (b), (c)—all. (Hollander, Lester; and Hardy, S. H.: Aureomycin in the Treatment of Infections of the Mouth, D. Digest **56**:447 [October] 1950)
5. True. (Phillips, R. W.; and Biggs, D. H.: Distortion of Wax Patterns as Influenced by Storage Temperature and Temperature of Wax Manipulation, JADA **41**:33 [July] 1950)
6. No. (Gottlieb, Bernhard; Barrow, S. L.; and Crook, J. H.: Endodontia, St. Louis, C. V. Mosby Company, 1950, page 20)
7. (c) less common. (Thoma, K. H.: Oral Surgery, Vol. 2, St. Louis, C. V. Mosby Company, 1948, page 1410)
8. A fistula is open at both ends; a sinus is a narrow tract running down into the tissues from some external surface. (Mead, S. V.: Oral Surgery, ed. 3, St. Louis, C. V. Mosby Company, 1946, page 361)
9. True. (Grossman, L. I.: Handbook of Dental Practice, Philadelphia, J. B. Lippincott Company, 1948, page 284)
10. Upper first premolar. (Sicher, Harry: Oral Anatomy, St. Louis, C. V. Mosby Company, 1949, page 217)

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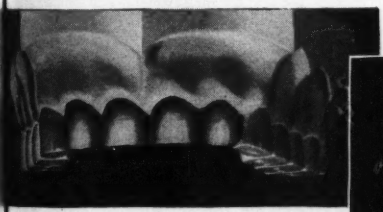
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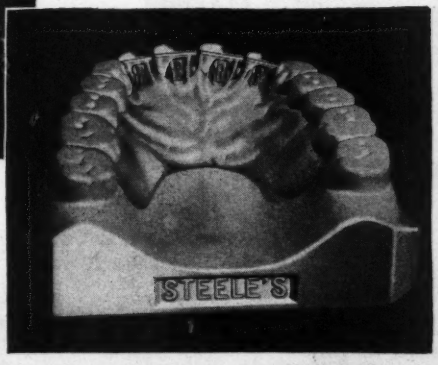
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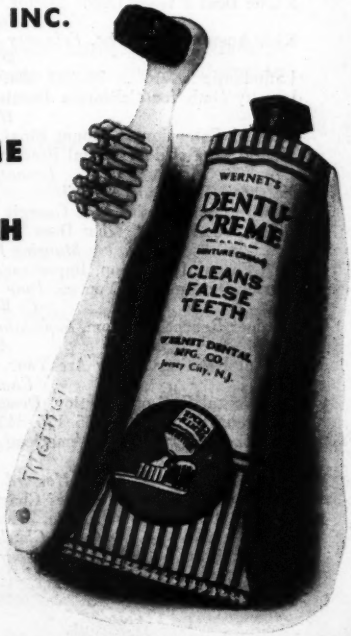
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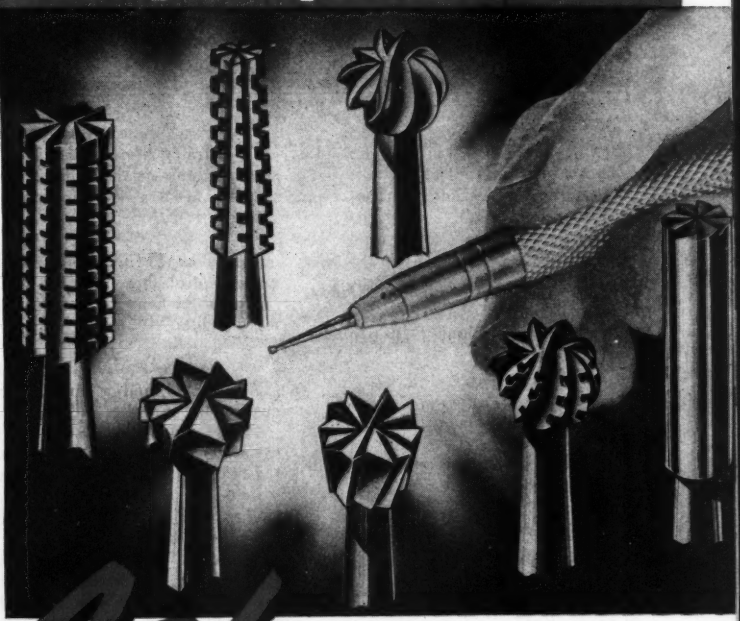
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"I dunno, son. Nobody has ever lived that long yet."

★

"What made you marry, Daddy, Mummy?"

"So you're beginning to wonder too!"

★

"Jack was held up on the way home last night."

"Yeh, that's the only way he could have gotten home."

★

He — "Would you marry a sap just for money?"

She — "Are you gathering statistics or proposing?"

★

Visitor — "Where does this lane lead to?"

Native — "Well, it's led half of the young folks in these parts into trouble."

★

Judge — "The police say that you and your wife had some words."

Prisoner — "I had some but didn't have a chance to use them."

★

Boy: "Do you like men that are always trying to kiss you, or the other kind?"

Girl: "What other kind?"

An ultra-modern woman is one who, seeing a wolf at the door, is reminded that she needs a new fur coat.

★

Neighbor: "I like your radio. How many controls has it?"

Man-of-the-house: "Two. My wife and my daughter."

★

A preacher and a lawyer were discussing the mistakes of speech.

Preacher: "What do you do if you say something you didn't intend to say?"

Lawyer: "That depends. If it is a serious mistake I correct it; if only a slight mistake I pass on and do not notice it. What do you do?"

Preacher: "I follow the same rule. For instance, last Sunday I intended to say that the devil was the father of liars, but I said that the devil was the father of lawyers."

Lawyer: "What did you do?"

Preacher: "It was such a slight mistake that I went on without correcting it."

★

Mary walked up to the bank clerk's window and said: "I would like to buy some traveler's checks."

The clerk asked: "What denomination, please?"

Mary replied: "Methodist."

★

Visitor (to Indian chief in reservation): "Chief, can you tell me where I can buy some good Indian beadwork?"

Chief: "I got mine special delivery from a mail order house in Chicago."

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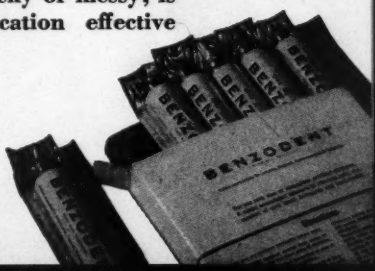
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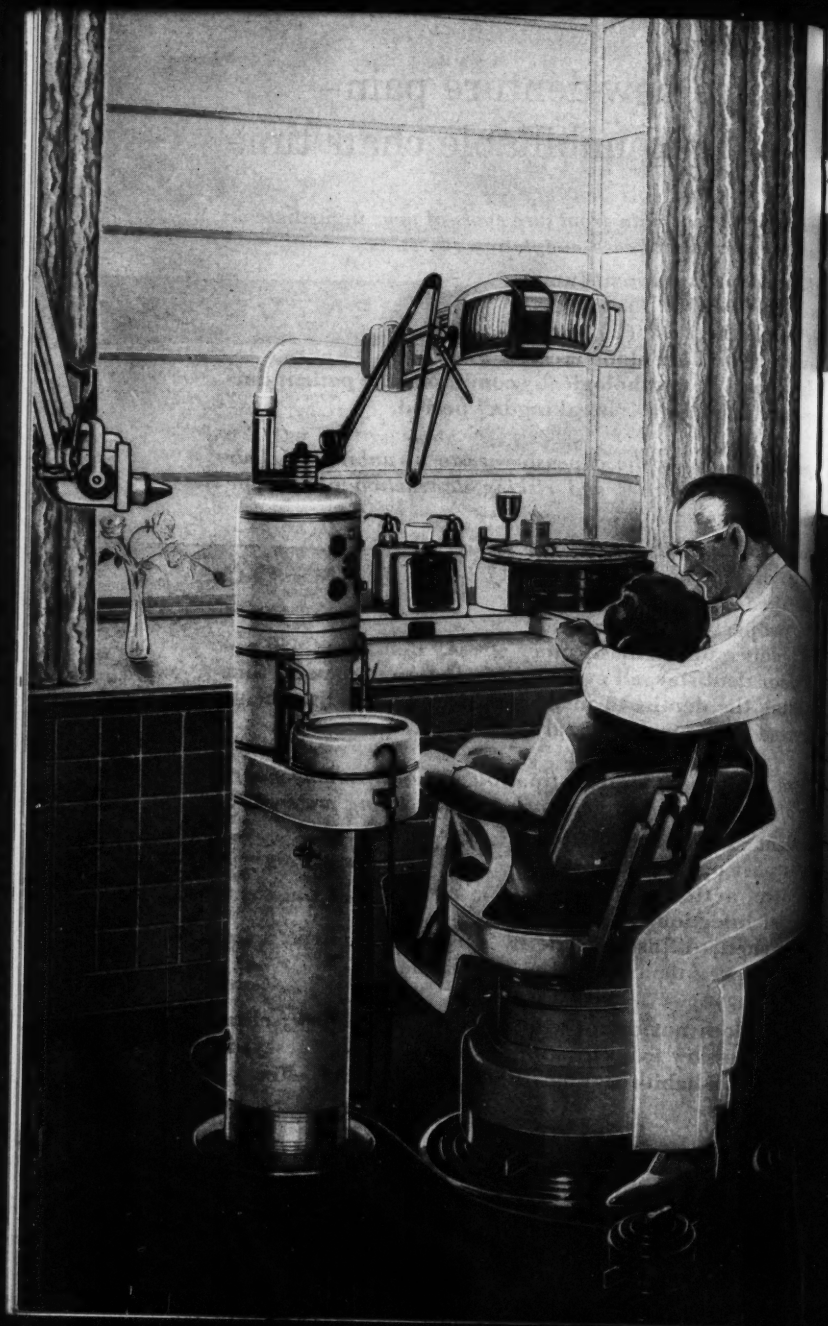
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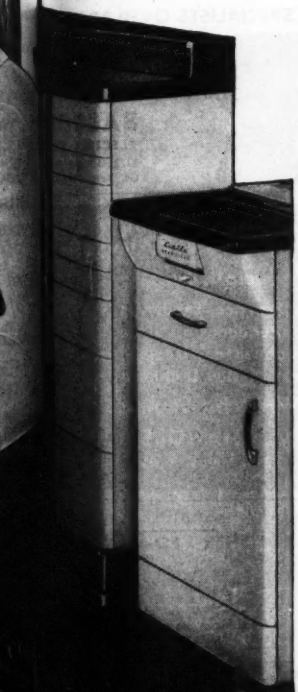
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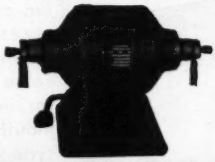
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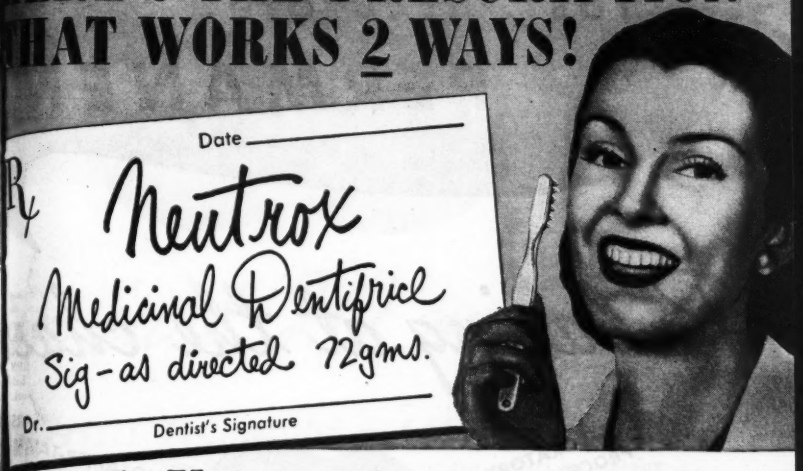
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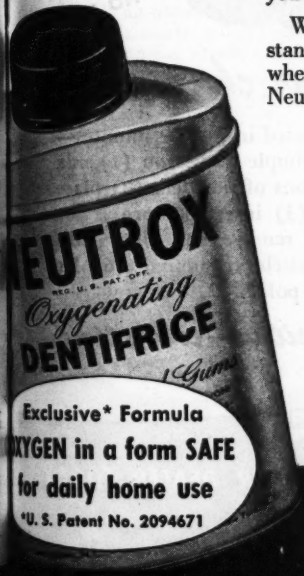
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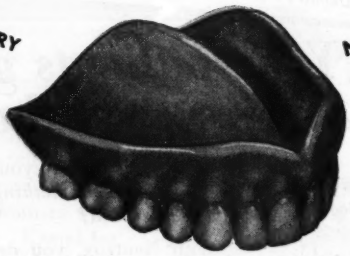
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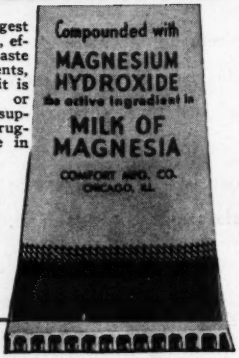
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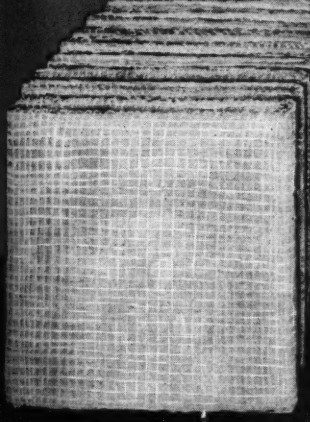
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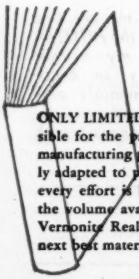
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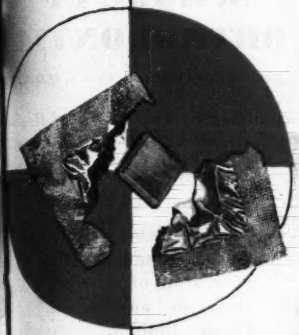
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indications: Prophylaxis and treatment of infections of mouth and throat due to Vincent's organisms and other penicillin-sensitive pathogens—ulceromembranous stomatitis and gingivitis, pericoronitis, secondarily infected cankers. Administered prior to and following tonsillectomy, tooth extraction, and other surgical procedures, ORYGENE is of value in preventing secondary infection.

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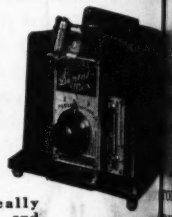
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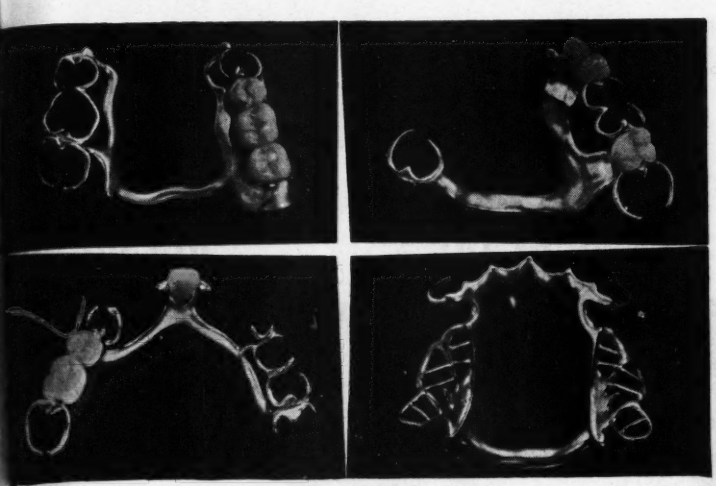
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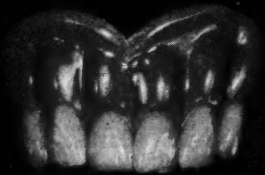
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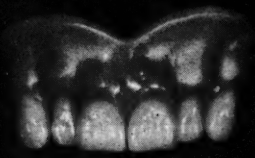
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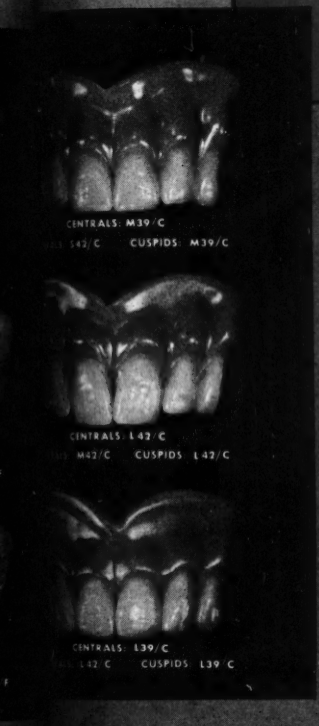
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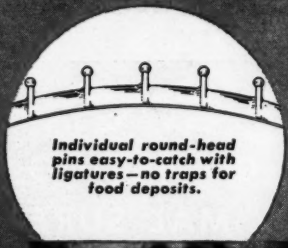
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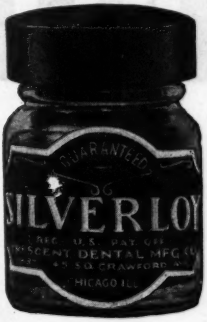
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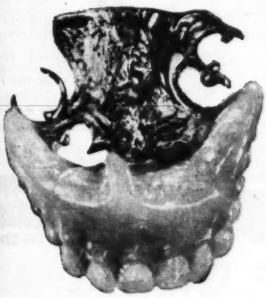
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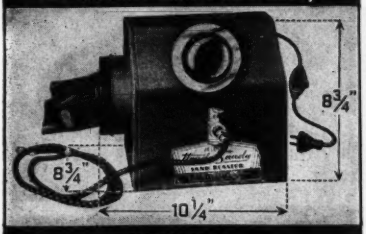
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⅓ MORE RETENTION AREA THAN ANY OTHER PLASTIC TOOTH



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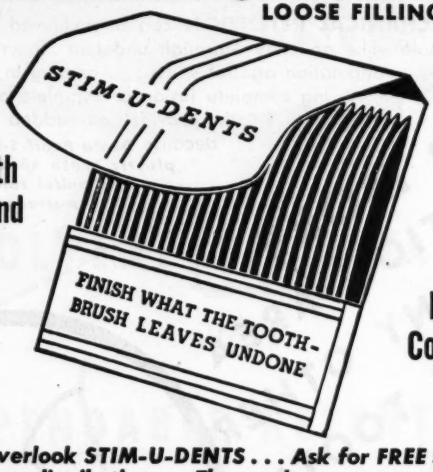
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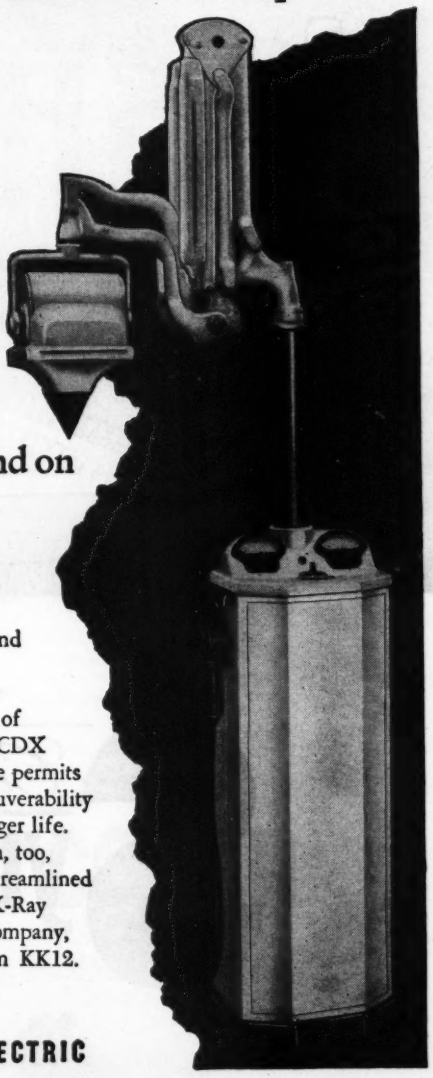
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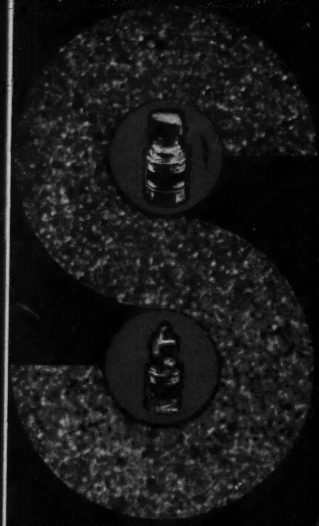
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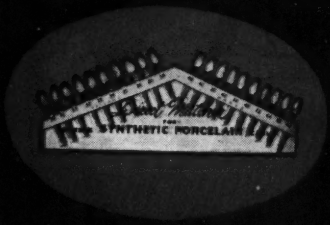
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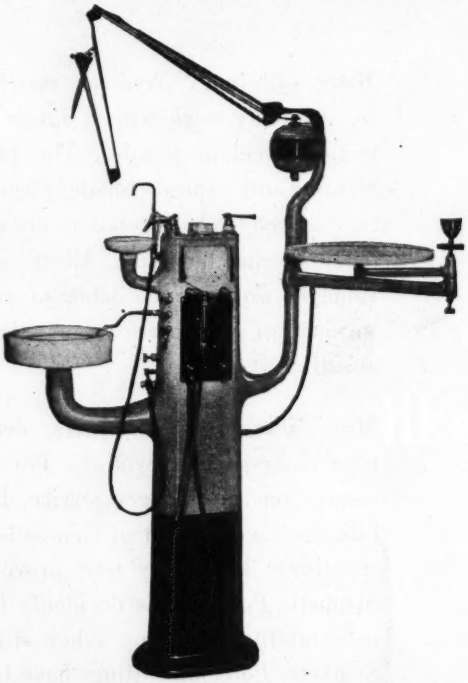
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Man's desire for clipper-ship speed in the China tea trade and the rush to the newly discovered California gold fields were two of the reasons behind New England's development of the clipper ships. One of the fastest clippers, the *Flying Cloud*, set a record in 1851 never beaten by any other sailing vessel—89 days from New York to San Francisco. Many others set records that took more than a quarter of a century for steam vessels to equal.

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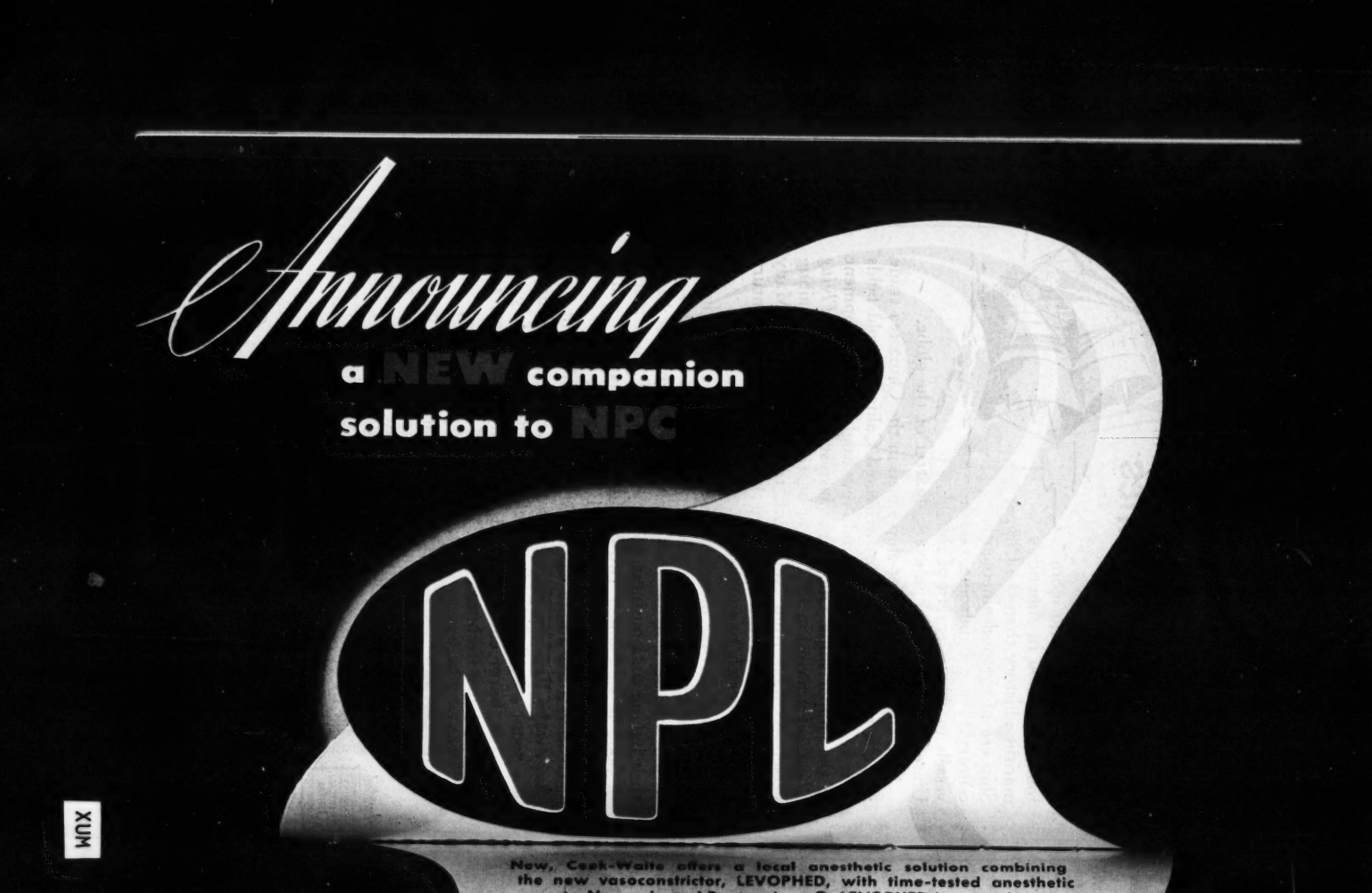
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Now, Cook-Waite offers a local anesthetic solution combining
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OUR ERROR

The $15.00 price shown in the William Getz Corporation advertisement in November Oral Hygiene was this publication's error. The correct price is $12.50. The product is ORYL DENTURE LINING MATERIAL.



"Super Absorbent" COTTON ROLLS

These improved cotton rolls are a delight to the efficient dentist and are not harsh to the patient's mouth. They are actually spun from 100% pure surgical absorbent cotton to make them softer, more pliant and noncollapsible. They adapt easily into any position, are stretchable and small tufts are quickly detachable.

DENTAL ABSORBENTS CO.
619 East Montecito St.
Santa Barbara, Calif.

FREE SAMPLE Use Coupon

Gentlemen:
Please send me a free, generous sample of DENTAL ABSORBENTS.

DR._____

STREET_____

CITY and STATE_____

TM

ALL-PURPOSE VIBRATOR



POWER

ENOUGH FOR HEAVIEST FLASKS

- Takes trays, inlays and heaviest flasks
- Compact—Only 4½" square
- Beautiful grey hammerloid finish
- Guaranteed for long service

Price only $17.50. See your dealer or write

The TOOTHMASTER CO. RACINE, WIS

A Good Alloy Need Not Be Expensive . . .

CHECK THESE PRICES ●



- Start now to use this tested, accepted alloy that has been used by leading West Coast Dentists for over 18 years. Speyer's Alloy is carefully made from C.P. metals. You will find it amalgamates smoothly in minimum time, carves exceptionally well in ten minutes and produces a hard, well-sealed mass that polishes beautifully.
- 68½% silver.
- No initial contraction.
- 4.4 microns per Cm expansion in 24 hours.
- 1.6% flow 24 hours after amalgamation.
- Complete directions with every bottle.

MEETS WITH A.D.A. SPECIFICATION NO.

SPEYER SMELTING & REFINING CO.
216 Medical & Dental Bldg., Seattle 1, Wash.
Please send me quantity checked at price indicated. ***Orders over 20 ozs. F.O.B. Seattle***

1 oz. @ $1.90 per oz. 20 oz. @ $1.50 per oz.
5 oz. @ $1.70 per oz. 30 oz. @ $1.40 per oz.
10 oz. @ $1.60 per oz. 50 oz. @ $1.30 per oz.

I enclose check for.....
Dr. .....
Address .....
City..... *State*.....

If your dealer can't supply you, order direct

Try It Once and You'll Use It Always

Revolutionary NEW PROFESSIONAL (Plastic) PACKAGE

S·S·White ORALINE MOUTH WASH

Ask your Salesman for Oraline in the 8-oz. Plastic Bottle.

The S. S. White Dental Mfg. Co.
211 SO. 12th STREET, PHILA., 5, PA.

FREE! Write on Professional Letterhead for Dental Prescription-Blank Pads.



✓ Easily stored, neat appearance, non-breakable.

✓ Concentrated. Makes 2 full gallons.

Convenient one-hand operation. No waste. Just lift cap, tilt, squeeze!

Contains no metallic salts; non-astringent. Ideal for denture wearers and children love it!

COPALITE is a convenient and highly efficient intermediary varnish and dentinal tubuli seal. Used under fillings, inlays, crowns and other restorations, it provides PROTECTION and insulation.

Its extremely thin coating occupies practically no space, yet it forms a STRONG joint between restoration and dentine. It penetrates, fills and seals the tubuli. It is soothing, germicidal, resistant to thermal shock.

The use of Copalite assures longer lasting, stronger, more serviceable restorations. Formula of Dr. Ralph C. Cooley. A package — enough for 500 applications, costs little more than ½c per application.

use
COPALITE
for the
PROTECTION and INSULATION of Fillings, Inlays, Crowns and other Restorations



Thru your Dealer

HARRY J. BOSWORTH COMPANY
216 WEST JACKSON BLVD. • CHICAGO 6, ILL.

NEW, IMPROVED EASE-ON STAIN KIT



Concentrated and diluted self-curing acrylic stains in liquid form, for staining acrylic teeth, jacket crowns, veneers, bridges, etc.

Complete Kit—$20.00

RADIO LINER



Only acrylic cavity lining that shows outline by X-ray. Sticks to dry cavity walls like glue.

Complete Kit—$6.00

EASY GLAZE



A self-curing transparent acrylic liquid for use as a marginal seal and glaze for all acrylic resins and filling materials.

Complete Kit—$6.00

EASY OPAQUE



An acrylic base, in liquid form, that bonds with processed acrylic. STAYS PUT.

Individual ½ oz. bottle **$4.00**
Trial Kit of 7 colors...**$7.50**

All Easy Plastic products are available through reliable dental depots. If your dealer cannot supply you, or if more information is desired, write

EASY PLASTIC PRODUCTS INC.
1 NEVINS ST. **BROOKLYN 17, N. Y.**

XUM

What Method Of Oral Hygiene Is Best To Prevent Tooth Decay?

NO wonder there is some question as to the best method for the prevention of tooth decay in the home. For in the past 50 years, over 25 major research studies have been made on this very important subject.

But when all of these various research projects have been examined and analyzed, one inescapable fact emerges—the best results were those obtained by brushing teeth with Colgate Dental Cream right after eating. The evidence is there—the Colgate way stopped more decay for more people than ever before reported in all dentifrice history.

In fact, the Colgate way is the most thoroughly proved and accepted home method of oral hygiene known today. And no other toothpaste or powder—ammoniated or not—offers such proof—the most conclusive proof ever reported for a dentifrice of any type.

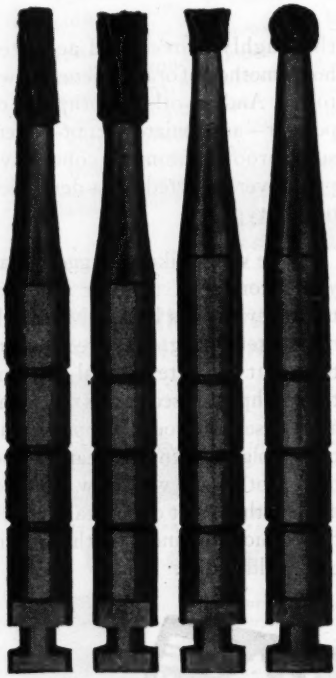
So we would like to suggest that you recommend to your patients that they always brush their teeth right after eating. May we suggest, too, that Colgate Dental Cream, the toothpaste used in this research, also deserves your recommendation. Colgate Dental Cream is the best toothpaste we know how to make—the result of constant effort to produce the finest toothpaste in the world today.



COLGATE-PALMOLIVE-PEET COMPANY
105 Hudson Street, Jersey City 2, N. J.

MELITE CARBIDE BURS

for **SMOOTHER FASTER CUTTING**



UNEXCELLED FOR REDUCING AMALGAMS

•

PRECISION-SHARP *Spiral* CUTTING EDGES

•

***Diagonal* CROSS CUTS**



ASK YOUR LOCAL DENTAL DEALER

ASSORTMENT OF 8 CARBIDE BURS IN SELFLOCKING LUCITE CASES

MELITE PRODUCTS CO. 10602 West Chicago Boulevard BOX 496, Detroit 4, Michigan



Abbott Procaine Dental Cartridges

You can depend on Abbott Procaine Dental Cartridges for uniform effectiveness because they are:

Time-Tested. Abbott, world's largest producer of procaine hydrochloride, pioneered in its manufacture in the United States in 1917 and has been making dental cartridges since 1937.

Top Quality. Abbott standards of purity—exceeding U.S.P. requirements—assure you of solutions that are sterile, isotonic and adjusted to a pH that provides maximum stability.

Convenient. Abbott Procaine Dental Cartridges fit all standard dental syringes and are available through your usual source of supply in four commonly-administered concentrations. Won't you specify these effective, time-saving dental cartridges the next time you order procaine? Abbott

ABBOTT'S Procaine hydrochloride

2% with Epinephrine 1:60,000, 1:50,000 and 1:30,000
4% with Epinephrine 1:50,000



Adequate Nutrition

VITAL FOR DEVELOPMENT OF SOUND TEETH

A well balanced diet adequate for the pregnant woman will help her infant enter life with the best possible dental structures permitted by hereditary factors. Also, during infancy and early childhood adequate nutrition promotes development of sound permanent teeth resistant to caries.[1,2]

Ovaltine in milk, a highly nutritious food supplement, can aid greatly in the development of sound teeth by making for better adequacy of the diet of the pregnant or nursing woman and of the young child. Taken as recommended, three servings daily, this delicious food drink is found of high value in the aim of bringing the diet to more adequate levels of complete protein and certain minerals and vitamins. Its universally accepted flavor and its easy digestibility add to its wide usefulness.

1. Chilton, N. W.: Nutrition in Relation to Dental Health, J. Am. Dietet. A. *26*:874 (Nov.) 1950.
2. Phillips, P. H.: Relation of Nutrition to Good Teeth, J. Am. Dietet. A. *26*:85 (Feb.) 1950.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

PROTEIN	32 Gm.	VITAMIN A	3000 I.U.
FAT	32 Gm.	VITAMIN B_1	1.16 mg.
CARBOHYDRATE	65 Gm.	RIBOFLAVIN	2.0 mg.
CALCIUM	1.12 Gm.	NIACIN	6.8 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN C	30.0 mg.
IRON	12 mg.	VITAMIN D	417 I.U.
COPPER	0.5 mg.	CALORIES	676

*Based on average reported values for milk.

THERE'S NO OTHER DENTAL ROLL LIKE.... F·L·E·X·I·B·L·E



Use a single long piece of VIBROFLEX for operating on lowers. ⟶

1 **THE SEAMLESS SKIN WITH OPEN MESH — AND SLOWLY ABSORBING COTTON YARN CASING:**

A — Slows saliva penetration
B — Does not stick to tissues
C — Helps eliminate gagging

2 **THE INNER CORE MATERIAL IS PRINCIPALLY ABSORBENT COTTON *WITH FIBRES RUNNING LENGTHWISE.***

This permits saliva to be conducted along length of roll to get *Reservoir Action of the single long piece of VIBROFLEX for lowers.*

3 **VIBROFLEX CONTAINS A SMALL AMOUNT OF ABSORBENT CELLULOSE (not cotton).**

This increases its adaptability, but does not impede resiliency of the cotton. Moist roll will not collapse and flood field under pressure of mouth muscles.

ALL VIBROFLEX IS STEAMED AT 250° F. FOR 30 MINUTES AFTER PACKAGING.

Wonderful for operating on lowers — Try it!

ORDER FROM YOUR DEALER

More convenient for Dentist — More comfortable for Patient

VIBRO DENTAL PRODUCTS, INC.

Philadelphia 6, Pa., U. S. A.

NO OTHER DENTAL ROLL HAS ALL THE ABOVE FEATURES

UNIVERSAL
Upper Third Molar
Safety Beak Forcep

NUMBER 112



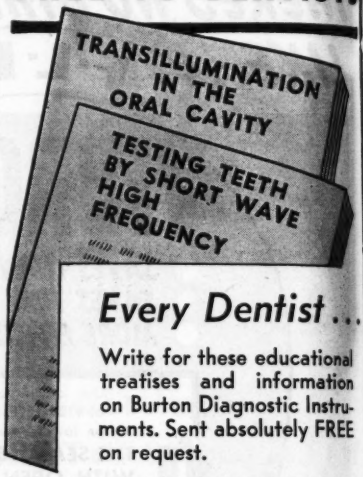
Application is directly in line with the long axis of the tooth. Produces an immediate fulcrum when applied to the tooth. Protects the tuberosity and adjoining tissues. Prevents dropping of the tooth into the mouth after extraction.

Made of Immunity Steel and guaranteed for efficiency and quality.

Order through your dealer
Immediate Delivery

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3119 N. Rockwell St., Chicago, Ill.

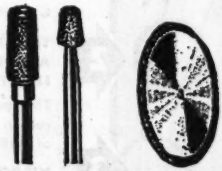
FREE TO DENTISTS



Every Dentist . . .

Write for these educational treatises and information on Burton Diagnostic Instruments. Sent absolutely FREE on request.

SEND FOR YOURS TODAY!
BURTON MANUFACTURING COMPANY
11201 W. Pico Blvd., Los Angeles 64, Calif.



MORE AND MORE DENTISTS ASK FOR
INDIAN HEAD NON-CLOGGING DIAMOND POINTS or WHEELS
5 for $10.00

- Finest quality; long wearing
- Fast, smooth, even cutting
- May be used on any hard amalgam found in natural teeth
- This offer subject to immediate withdrawal without notice.

INDIAN HEAD DIAMOND STRIPS—for use with Acrylics, narrow and wide, $5.00 per set of 2.

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UNION BROACH CO., INC.
37 W. 20th St. New York 11, N. Y.

THERE'S A Foredom MODEL for Every EXTRA-ENGINE REQUIREMENT!

$42.50
LESS HANDPIECE
$63.50
WITH DORIOT HANDPIECE

NEW *Allcord* MODEL 21



HERE ARE A FEW REPRESENTATIVE MODELS

MODEL 88



Allcord Engine. Also available in wall type (No. 98)

MODEL 7

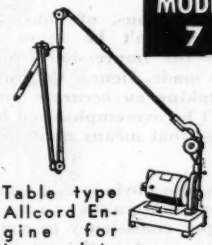


Table type Allcord Engine for heavy-duty use

MODEL 505



- Cable Engine only $21.00.
- Heavy duty models in overhead and table types also available.

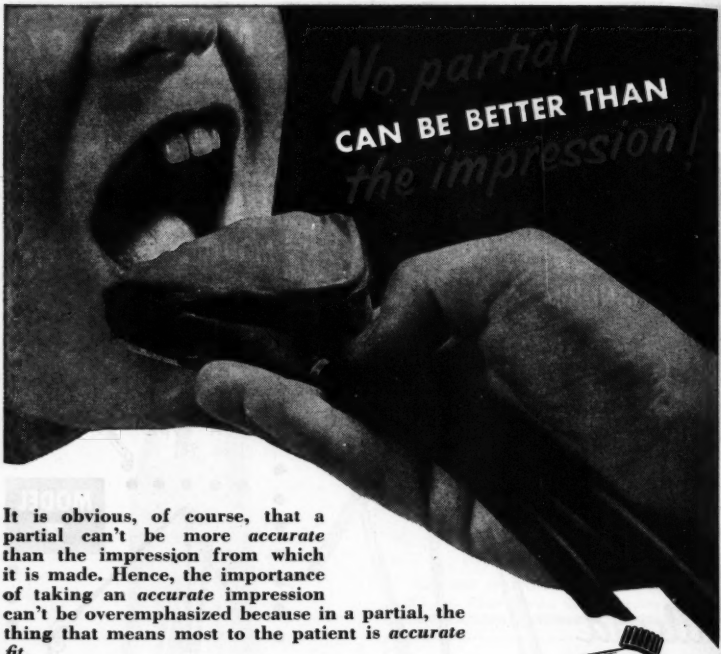
Treat Yourself

to that auxiliary allcord engine you've always wanted at a price that's so easy on your budget.

Order One Today From Your Dealer

If he cannot supply you, write us direct. Catalog D-1447, on request.

FOREDOM ELECTRIC CO.
27 Park Place, New York 7, N. Y.



It is obvious, of course, that a partial can't be more *accurate* than the impression from which it is made. Hence, the importance of taking an *accurate* impression can't be overemphasized because in a partial, the thing that means most to the patient is *accurate fit*.

It is also obvious that you can't take an accurate impression unless you use a material that has the proper consistency to conform closely to *all* the contours of teeth and tissue, and can be withdrawn in one piece without distortion.

Fortunately, there is such a material available. It's a true reversible hydrocolloid that flows freely yet is easy to control. It has a pleasant flavor and causes no discomfort. It is regarded by many dentists as the "ideal impression material" and more and more are using it all the time. We suggest you try it. Your dealer can supply you. Ask him for

DEELASTIC



***DEELASTIC** is supplied in convenient metal tubes. Also in small cartridges for indirect inlay technic.*

PRECIOUS METALS • DENTAL SPECIALTIES • REFINING

HANDY & HARMAN

REF PRODUCTS GENERAL OFFICES & PLANT
1900 W. KINZIE STREET • CHICAGO 22, ILL.

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banish breath odors

with Chloresium®

chlorophyll Tablets

Pleasant-tasting CHLORESIUM TABLETS provide *superior* protection against offensive odors because: 1) they contain the highest concentration of water-soluble chlorophyll available, and 2) the chlorophyll content is completely soluble. Palatability, too, contributes to their effectiveness.

Here's the rationale. Pleasant taste encourages prolonged retention in the mouth. Containing no insoluble fractions, CHLORESIUM Chlorophyll dissolves completely in saliva for maximum deodorizing action on *local mouth odors*. At the same time, increased flow of saliva buffers the chlorophyll against acid-gastric secretions. This assures that CHLORESIUM Chlorophyll remains soluble in the system where it eradicates *breath and body odors* at their source.

Supplied in boxes of 30,
and in bottles of 100 and 1000.

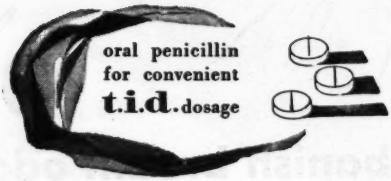
STAN COMPANY, INC. • MOUNT VERNON, N.Y.

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SOMETHING NEW FOR THE DENTAL PROFESS

Pentids

Squibb 200,000 Unit Penicillin Tablets



Just 1 or 2 Pentids Tablets t. i. d. are effective in treatment of Vincent's angina, and in prophylaxis against secondary infection before and after tooth extraction and other dental surgery. Pentids are particularly valuable in prevention of endocarditis and rheumatic fever in your patients with congenital or valvular heart disease.

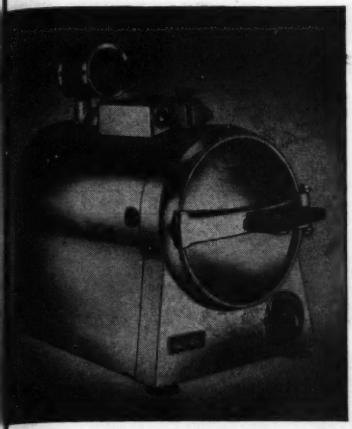
Pentids in t. i. d. dosage are both *convenient* and *economical* . . . eliminate inconvenient 3-4 hour dosage schedules . . . average day's treatment *only* ⅓ the cost of other antibiotics. Pentids contain the new 200,000 unit oral penicillin dosage advocated by Keefer[1] and others.[2] Supplied in bottles of 12 and 100 scored, buffered tablets, each containing 200,000 units of crystalline penicillin G potassium.

1. Keefer, C. S., Postgrad. Med. 9:101, Feb. 1951.
2. Flippin, H. F., and Israel, H. L., Med. Clin. North Amer. 34:1653, Nov. 1950.

SQUIBB A LEADER IN PENICILLIN RESEARCH AND MANUFACTURE

"PENTIDS" IS A TRADEMARK OF E. R. SQUIBB & SONS

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Castle
ANNOUNCES THE NEW
"777"
SPEED-CLAVE
(Pressure Steam)

High Speed—
Low Cost Autoclave

AN IMPORTANT ADVANCE IN STERILIZING SAFETY

Here at last is the autoclave for every office—the Castle "777" Speed-Clave. It's faster than boiling, easier than boiling, safer than boiling, and cheaper than boiling. The security of 100% sterilization—which only an autoclave can give—now becomes practicable for every office in this compact, fast, inexpensive, automatic autoclave.

High Speed

The Speed-Clave reaches the spore-killing temperature (253°F., 16½ lbs.) from a warm start in 3 minutes. Instruments are then 100% sterile in 10 minutes (6 minutes at 260°F., 30 lbs.). Compare this with the time required to start a boiler, with at least 30 minutes more to kill only common bacteria, not spores.

Low Cost

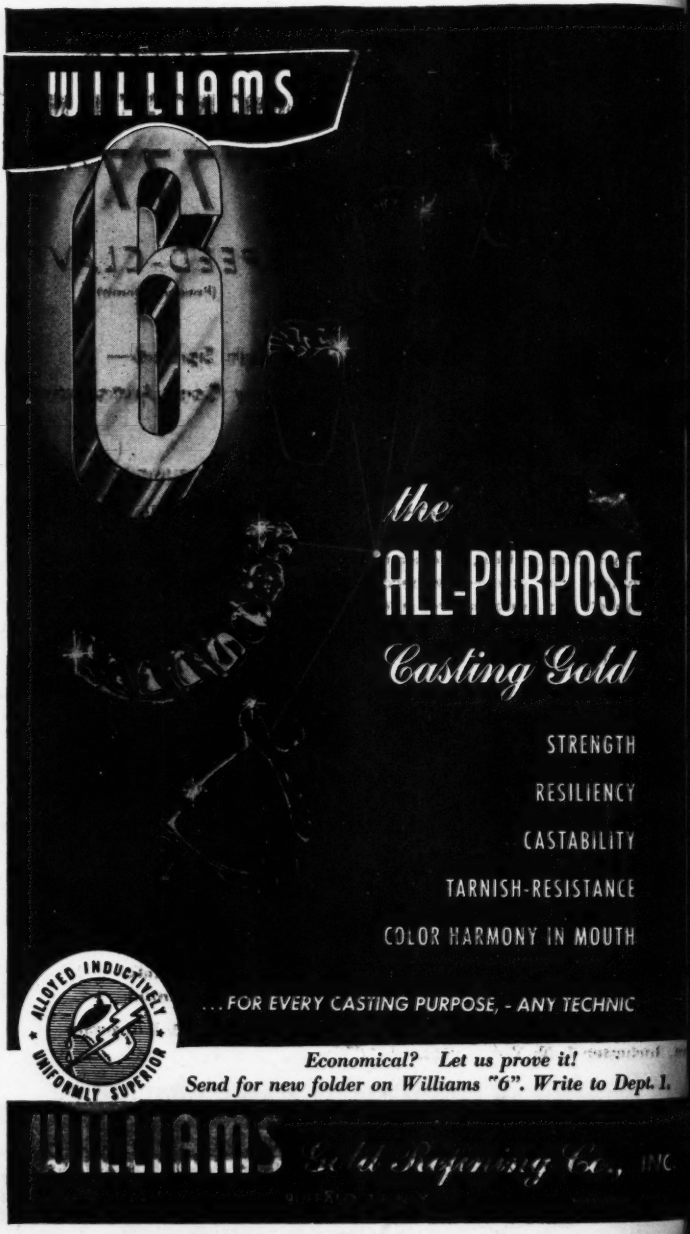
Complete safety in every office is now possible at no higher price than a modern cabinet model boiling sterilizer. What's more, the Speed-Clave provides economical sterilization. You can buy unsterile dressings (about a 40% saving), and instrument replacement is reduced—less dulling, rusting, and corrosion of instruments.

100% Safety For ALL Materials

Instruments	Gloves and Rubber Materials
Syringes and Needles	Cotton and Absorbent Goods

See your Castle dealer or write: Wilmot Castle Co., 1101 University Ave., Rochester 7, N. Y.

Castle LIGHTS and STERILIZERS


WILLIAMS
6
the
ALL-PURPOSE
Casting Gold
STRENGTH
RESILIENCY
CASTABILITY
TARNISH-RESISTANCE
COLOR HARMONY IN MOUTH
...FOR EVERY CASTING PURPOSE, - ANY TECHNIC
ALLOYED INDUCTIVELY
UNIFORMLY SUPERIOR
Economical? Let us prove it!
Send for new folder on Williams "6". Write to Dept. 1.
WILLIAMS Gold Refining Co., INC

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MIDWEST

COVERS YOUR

Complete

HANDPIECE NEEDS

Dura Chrome

DOUBLES HANDPIECE LIFE!

The answer to the need for handpieces that will withstand the higher speeds required for the efficient operation of diamond points and carbide burs.

NOW AVAILABLE IN:

Dura Chrome Cord Handpiece No. 6
Dura Chrome C.P. Contra Angle

INCREASE EFFICIENCY THROUGH OUR

Stain Less Miniature Contra Angle
Stain Less Prophylaxis Right Angle
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Grinding Attachment
Precision Mandrels
Miniature Burs
Miniature Diamonds
Prophylaxis Cups, Brushes
Cleaner, Lubricant and
Sterilizer Oil



Ask your dental dealer for a demonstration.

DENTAL MANUFACTURING COMPANY
4439 WEST RICE STREET · CHICAGO 51, ILLINOIS



Contra-angles rebuilt $ 4.85

Straight handpieces rebuilt $10.00

Special types: Denseo, Midwest Adjustable, Chayes. Estimates on request.

SKILL

As well as Bearings, Gears and Shafts

Our rebuilding service differs from most. Each handpiece housing shell is fitted not with just stock-size shafts, but shafts that are individually ground to compensate for the particular wear in that housing. Then gears and bearings are fitted, all new, bringing the handpiece back into perfect alignment like it was when new. Only skilled men of many years experience work on your handpieces, men whose master craftsmanship will earn your respect . . . and bring your orders back year after year. Your handpieces will be exceptionally true running and accurate after Mullen Service.

May we serve you?



Burs Re-Cut $4.80 per gross. Introductory 4 doz, $1.

NO NEED FOR NEW BURS

Your dull burs will do the same work when ground by MULLEN Bros.

The major cost of new burs is for steel and machining the blanks to type and size. You have paid for this when you bought them. There is no need to have this full expense each time you need sharp burs. Just have the **blades** reground and you have a new bur all over again! We sort and select **only** the ones worth grinding, then expert craftsmen of long experience grind them to the next size smaller. The work is done **under water** . . . no temper lost. Result: A BUR THAT REALLY CUTS AND CUTS. The cost is so little, $4.80 per gross. Introductory offer 4 dozen, $1. Send us a box of dull burs and you'll be convinced. It really pays dividends!

Addressed Mailing Box FREE on Request. Give Size Wanted DEALERS *(Straight handpiece, burs or contra-angle)*

MULLEN BROS. BURS, HANDPIECES

6803 South Chicago Ave.
Chicago 37, Illinois

How to plan your PRECISION ATTACHMENT CASES!



Start with Baker Precision Attachments! They're engineered for extremely simple adjustment. You will solder or cast against them without warping the boxes—uniform tension adjustments made easily with a pen knife blade. For accurate casting results use Chicago #4 yellow gold or Baker 14% for platinum color cases. ★ ★ ★ ★ ★

Ask Your Dealer or Send for Descriptive Literature

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BAKER & CO., INC.



PHYLORINOL

(Fill-or-inol)

FOR OFFICE AND HOME USE

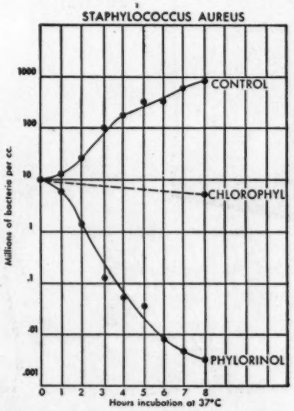
PLEASANT TASTE AND ODOR

. . . a remarkably effective supplement to professional treatment. When used with your regular techniques, Phylorinol speeds results in the control of oral infections.

Phylorinol is a unique scientific combination of CHLOROPHYL and IODOPHENOL for use as an aid in the treatment of:

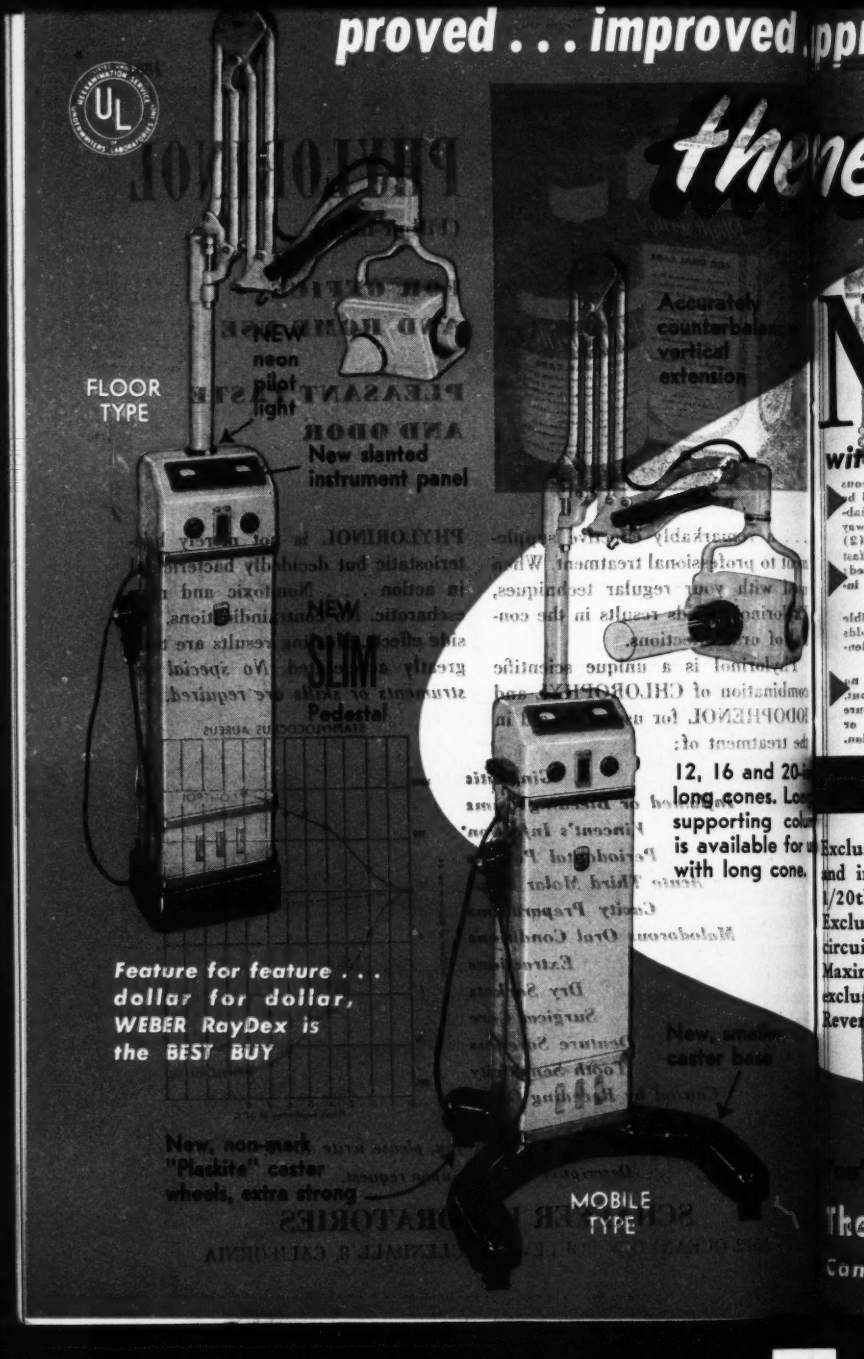
Gingivitis
Inflamed or Bleeding Gums
Vincent's Infection
Periodontal Pockets
Acute Third Molar Flaps
Cavity Preparations
Malodorous Oral Conditions
Extractions
Dry Sockets
Surgical Care
Denture Soreness
Tooth Sensitivity
Caused by Receding Gums

PHYLORINOL is not merely bacteriostatic but decidedly bactericidal in action . . . Non-toxic and non-escharotic. No contraindications. No side effects. Healing results are thus greatly accelerated. *No special instruments or skills are required.*



If your dealer cannot supply you, please write direct.
Descriptive literature upon request.

SCHAFFER LABORATORIES
3512 OCEANVIEW BOULEVARD, GLENDALE 8, CALIFORNIA

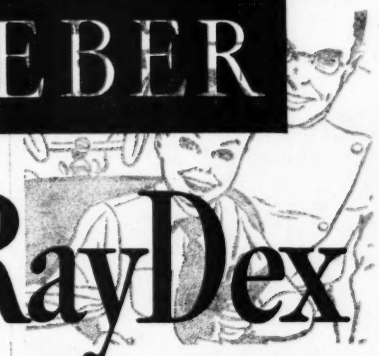

proved . . . improved
UL
FLOOR TYPE
NEW neon pilot light
New slanted instrument panel
NEW SLIM Pedestal
Accurately counterbalanced vertical extension
12, 16 and 20
long cones. Lon
supporting colu
is available for u
with long cone.
Feature for feature . . .
dollar for dollar,
WEBER RayDex is
the BEST BUY
New, non-mark
"Plaskite" caster
wheels, extra strong
New, small
caster base
MOBILE TYPE

XUM

d approved

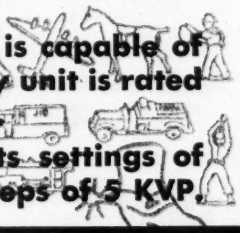
new WEBER

No. 11 RayDex



with

- Scan-a-glance meter mounting for better control of X-Ray factors.
- Longer tube life . . . Tube is capable of 20 MA at 70 KVP, but X-Ray unit is rated at 10 MA at 45 to 70 KVP.
- Penetration control permits settings of 45 to 70 KVP in definite steps of 5 KVP.



and these exclusive quality features

Exclusive Raytheon Filament Stabilizer . . . improved appearance and increased capacity. Holds tube current constant to within 1/20th of a milliampere. (Extra.)

Exclusive SINGLE switch now controls both main power line and circuit breaker.

Maximum definition obtained by a 1 mm. square focal spot—an exclusive WEBER feature.

Reversible Timer helps insure correct exposure. If set incorrectly, the timer may be reset and over-exposure thus avoided. Calibrated from 0 to 12 seconds, with 1/4 second intervals.

at the moderate cost of the No. 11

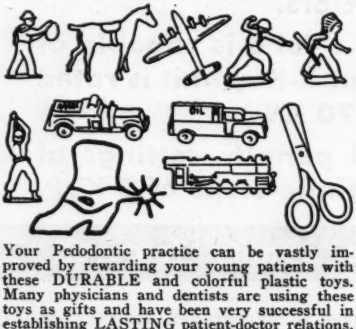
The WEBER Dental Manufacturing Co.

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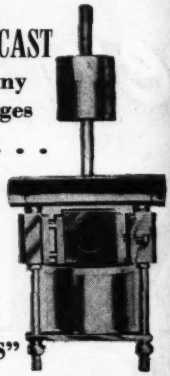
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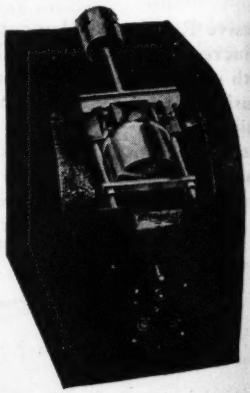
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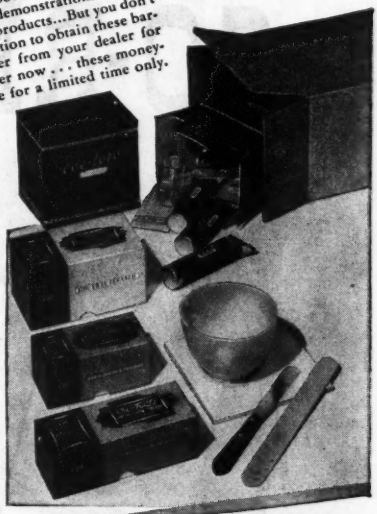
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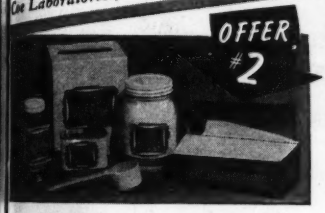
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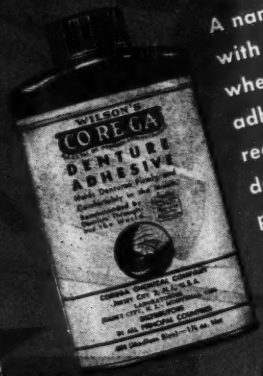
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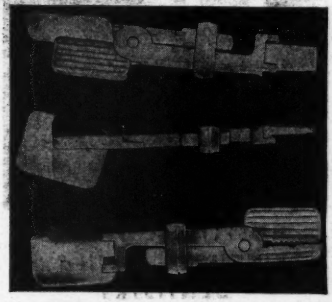
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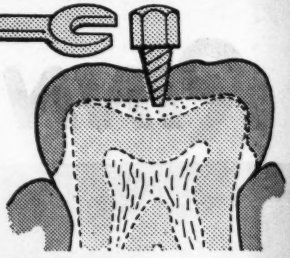
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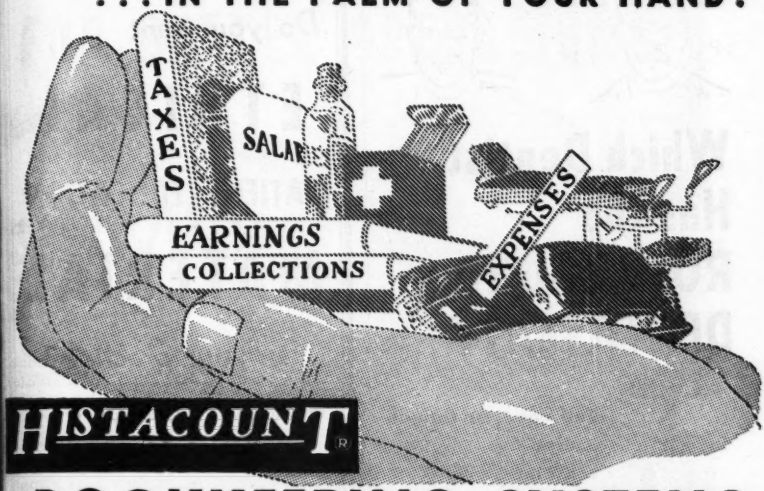
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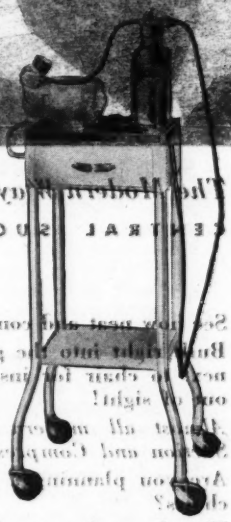
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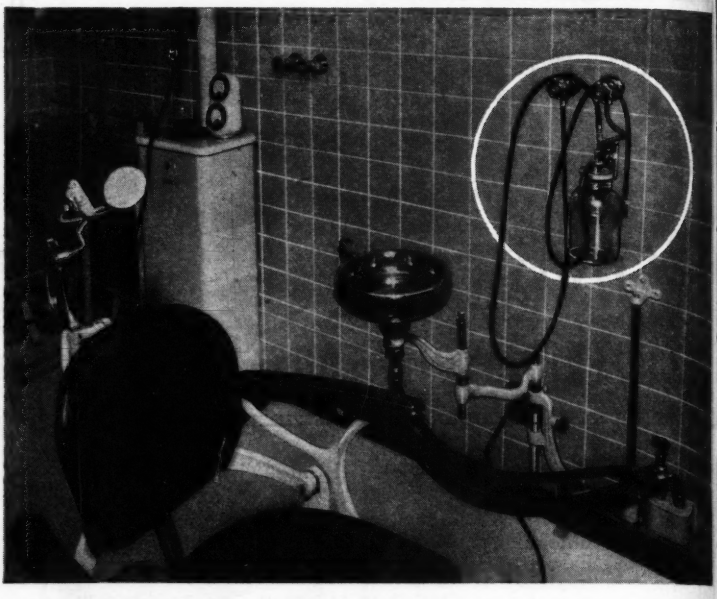


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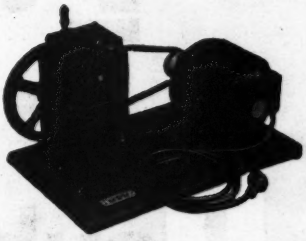
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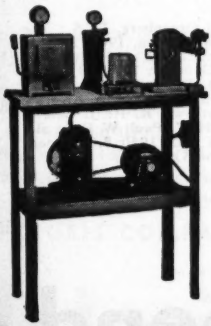
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REFERENCES: 1. Gross, M. and Greenberg, L. A.: The Salicylates, Hillhouse Press, New Haven, 1948. 2. Hansen-Pruss, O. C.: Ann. Allergy 7:219 (March-April) 1949. 3. Hoffman, M. M.: Ill. Dent. J.: 194:439 (Oct.) 1950. 4. Kaletsky, T.: N. Y. J. Dent., 12: No. 11/12, 1942. 5. Massell, B. F.: Med. Clin. North America 34:1419 (Sept.) 1950. 6. Mathews, K. P.: J. Lab. & Clin. Med. 36:416 (Sept.) 1950. 7. Paul, W. D. et al.: J. Amer. Pharm. Assoc. 39:21 (Jan.) 1950. 8. Sherman, W. B.: J.A.M.A. 140:447 (June 4) 1949.



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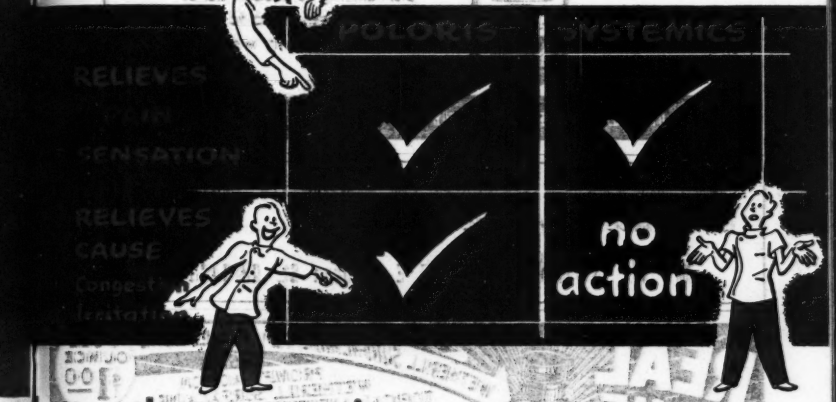
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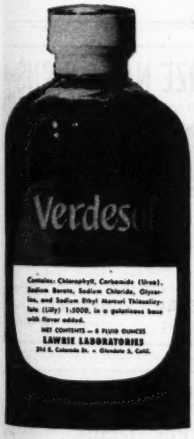
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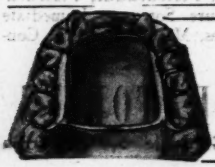


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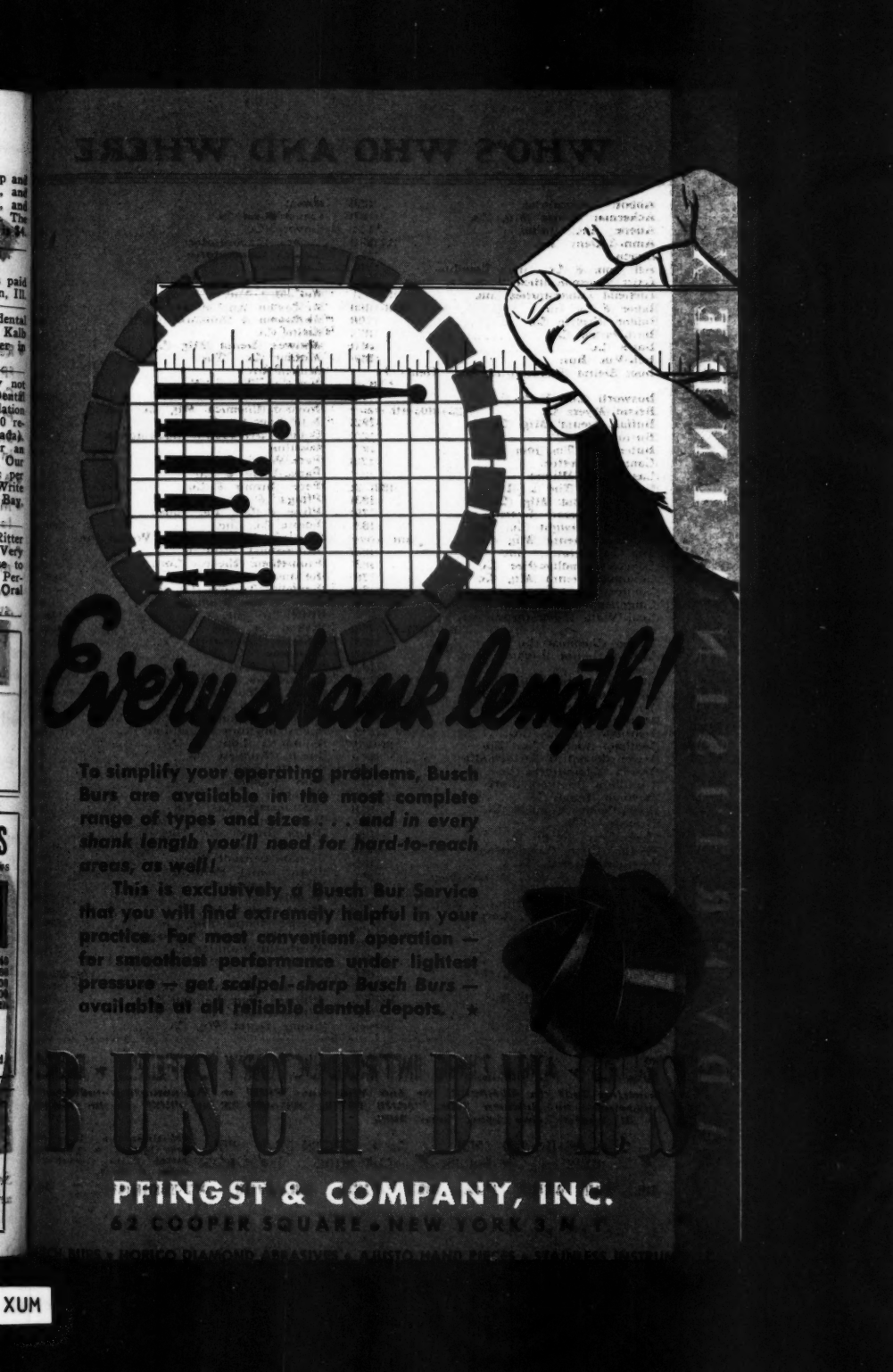
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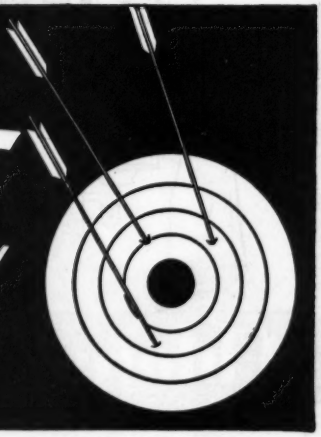
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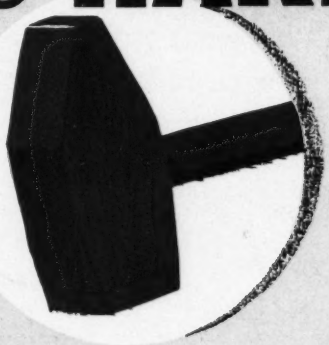
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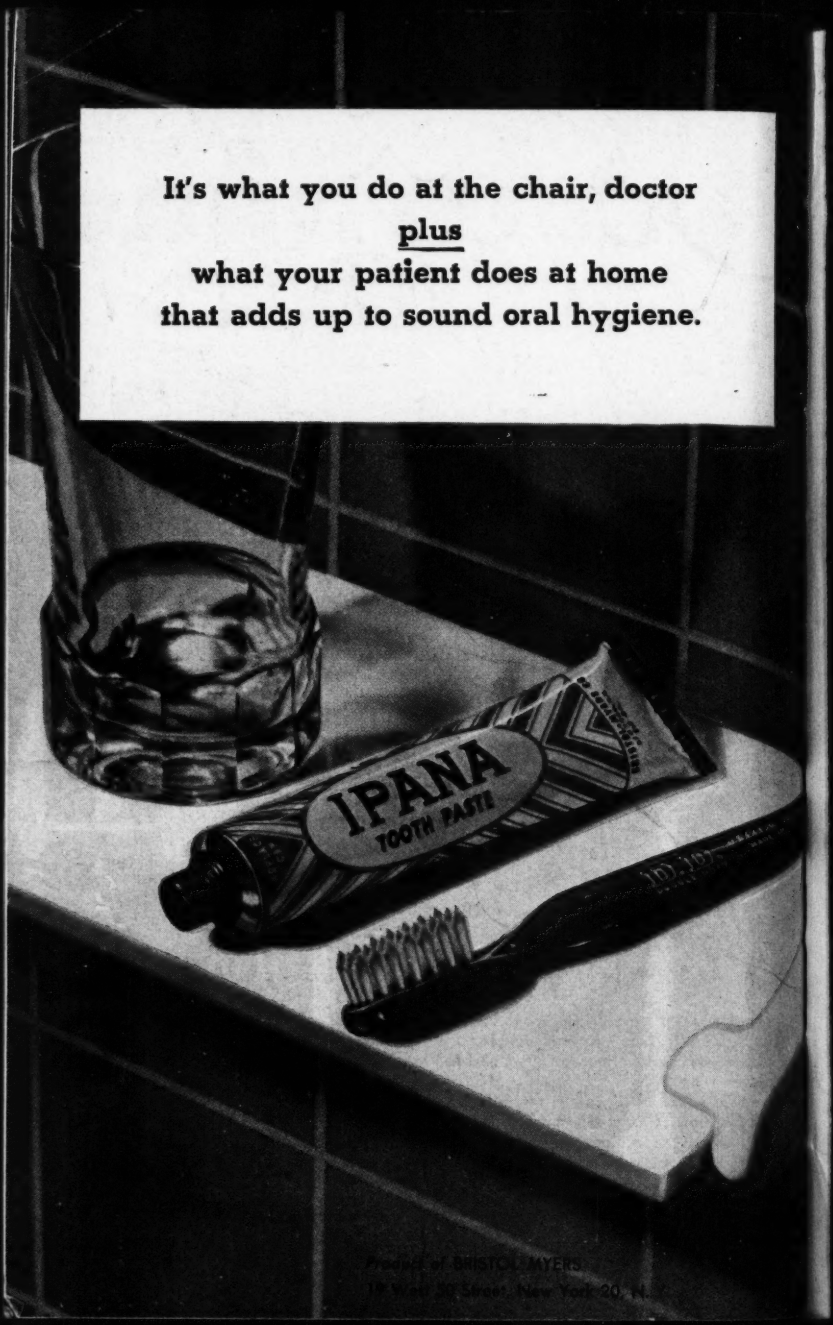
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